

# M02000003015

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 FEB 22 AM 09:56

**LIMITED LIABILITY COMPANY REINSTATEMENT**  
  
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # M02000003015**  
 1. Limited Liability Company's Name  
**MEDIAEDGE: CIA, LLC**

500170074985  
 02/22/10--01007--004 \*\*\*446.25  
 CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <b>40 WPP, 125 Park Ave.</b>		3. Mailing Office Address <b>40 WPP, 125 Park Ave.</b>	
Suite, Apt. #, etc. <b>472 Fl.</b>		Suite, Apt. #, etc. <b>472 Fl.</b>	
City & State <b>New York, NY</b>		City & State <b>New York, NY</b>	
Zip <b>10017</b>	Country <b>USA</b>	Zip <b>10017</b>	Country <b>USA</b>

4. State/Country of Formation <b>Delaware</b>	
5. Date Organized or Qualified To Do Business in Florida <b>11/13/02</b>	
6. FEI Number <b>05-0542556</b>	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	

8. Name and Address of Current Registered Agent  
 Name: **United Corporate Services, Inc.**  
 Street Address (P.O. Box Number is Not Acceptable): **9200 South Dadeland Blvd.**  
 Suite, Apt. #, Etc: **Suite 508**  
 City: **Miami** State: **FL** Zip Code: **33156**

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.  
 Signature of Registered Agent: *[Signature]* Date: **2/19/10**  
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr	Thomas O. Neuman	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017
Mgr	Mary Ellen Howe	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017
Mgr	Charles Cortier	40 WPP, 125 Park Ave, 472 Fl.	New York, NY 10017

REINSTATEMENT 2008-2010

11. E-mail Address: **doccutt@wpp.com** (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed to the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made unit or oath.

Signature of Managing Member/Manager: **Thomas O. Neuman** Date: **2/19/10** Daytime Phone #: **212-632-2200**  
 Typed or printed name of signing Managing Member/Manager: **Thomas O. Neuman**