
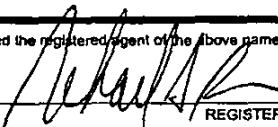



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # M03000000139</b> 1. Limited Liability Company's Name <div style="text-align: right; margin-right: 50px;">04</div> <b>WUNDERMAN WORLDWIDE, LLC</b>			
2. Principal Office Address - No P.O. Box # <b>285 Madison Avenue</b> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <b>285 Madison Avenue</b> <small>Suite, Apt. #, etc.</small>	
<small>City &amp; State</small> <b>New York, New York</b> <small>Zip</small> <b>10017</b> <small>Country</small> <b>USA</b>		<small>City &amp; State</small> <b>New York, New York</b> <small>Zip</small> <b>10017</b> <small>Country</small> <b>USA</b>	
4. State/Country of Formation <b>Nevada</b>			
5. Date Organized or Qualified To Do Business in Florida <b>01/14/2003</b>			
6. FEI Number		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent <small>Name</small> <b>UNITED CORPORATE SERVICES, INC.</b> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <b>9200 SOUTH DADELAND BLVD.</b> <small>Suite, Apt. #, Etc.</small> <b>SUITE 508</b> <small>City</small> <b>MIAMI</b> <small>State</small> <b>FL</b> <small>Zip Code</small> <b>33156</b>			
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. <small>Signature of Registered Agent</small>  <span style="float: right;"><small>Date</small> <b>5/31/07</b></span> <div style="text-align: center; margin-top: 5px;">REGISTERED AGENT MUST SIGN</div>			
10. Names and Street Addresses of Managing Members/Managers			
<small>Titles</small>	<small>Name of Managing Members/Managers</small>	<small>Street Address of Each Managing Member/Manager</small>	<small>City / State / Zip</small>
MGR	Peter Law-Gisiko	285 Madison Avenue	New York, New York 10017
MGR	Thomas O. Neuman	125 Park Avenue	New York, New York 10017
MGR	Mary Ellen Howe	125 Park Avenue	New York, New York 10017
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 2px solid black; padding: 10px; transform: rotate(-2deg);"> <b>REINSTATEMENT</b> </div> <div style="font-size: 2em; font-weight: bold; color: black; text-decoration: underline;"> <b>2004-2007</b> </div> <div style="text-align: right;"> <small>500103922285</small>  <small>06/05/07-01051-023 **200 00</small> </div> </div>			
11. 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 by 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 under oath. <small>Signature of Managing Member/Manager</small>  <small>Date</small> <b>5/22/07</b> <small>Daytime Phone #</small> <div style="text-align: center; margin-top: 5px;"> <b>Thomas O. Neuman - Manager</b> </div>			
<small>Typed or printed name of signing Managing Member/Manager</small>			

FILED  
 07 MAY 31 AM 9:36  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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