M05000006702

Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
UNA VEZ MAS GP, LLC

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #: M05000006702

1. Limited Liability Company's Name
Una Vez Mas GP, LLC

2011

CR2E041 (1/11)

2. Principal Office Address / No P.O. Box #	3. Mailing Office Address
703 McKinney Ave.	703 McKinney Ave.
Suite, Apt. #, etc. Suite 240	Suite, Apt. #, etc. Suite 240
City & State Dallas, TX	City & State Dallas, TX
Zip 75202 County USA	Zip 75202 Country USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified to Do Business in Florida: 12/06/05

6. FEI Number: 04-3836657 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: Capitol Corporate Services, Inc.
Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Dr.
Suite, Apt. #, etc.: Suite A
City: Tallahassee State: FL Zip Code: 32301

E-mail Address: regagent@capitolservices.com
(To be used for future annual report notices)

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: Delanie Case Delanie Case, Asst. Sec. on behalf of Capitol Corporate Services, Inc. Date: 3/22/2013
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	Randy E. Nonberg	15233 La Cruz Drive	Pacific Palisades, CA 90272
MGR	Terrence E. Crosby	703 McKinney Ave., Suite 240	Dallas, TX 75202
MGR	Brian W. McNeill	c/o Alta Communications, 28 State St., Suite 1601	Boston, MA 02109
MGR	Eileen M. Toti	c/o Alta Communications, 28 State St., Suite 1601	Boston, MA 02109
	REINSTATEMENT 2011-2013		

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 608.508, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: Terrence E. Crosby Date: 3/18/13 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Terrence E. Crosby, Manager

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