JUN. 11 2009 2:11PM NO. 7267 P. 2

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2009 JUN 30 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700157364357
06/17/09--01060--005 **416.25

DOCUMENT # M06000002391

1. Limited Liability Company's Name

MEDIA CHOICE, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3701 BEE CAVES RD		1104 NUECES ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
101		104	
City & State		City & State	
AUSTIN TX		AUSTIN TX	
Zip	Country	Zip	Country
78746	USA	78701	USA

4. State/Country of Formation
NEVADA

5. Date Organized or Qualified To Do Business In Florida 4/27/06

6. FEI Number
14-1905875
☐ 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
InCorp Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
17888 67th COURT NORTH

Suite, Apt. #, Etc.

City	State	Zip Code
LOXAHATCHEE	FL	33470

☑ 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 Janice Russell on behalf of Incorp Services, Inc. Date 6/16/09
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	CURTIS E. FORD	1104 NUECES ST., STE. 104	AUSTIN, TX 78701
		REINSTATEMENT 07-09 AL	

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.

Signature of Managing Member/Manager [signature] Date 6/16/09 Daytime Phone # 512-693-9905

Typed or printed name of signing Managing Member/Manager CURTIS E. FORD