PLEASE READ ALL INSTRUCTIONS BEFORE

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 JAN 21 PM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600255834146

DOCUMENT # M11000004481

1. Limited Liability Company's Name
Davidson Media Florida Stations, LLC

CR2E041 (12/13)

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 701 Northpointe Pkwy | 701 Northpointe Pkwy. |
| Suite, Apt. #, etc. Suite 500 | Suite, Apt. #, etc. Suite 500 |
| City & State West Palm Beach, FL | City & State West Palm Beach, FL |
| Zip 33407 Country United States | Zip 33407 Country United States |

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: Sept. 6, 2011

6. FEI Number: 45-3091857 ☐ 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: National Corporate Research, Ltd., Inc.

Street Address (P.O. Box Number is Not Acceptable): 155 Office Plaza Drive

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

E-mail Address: cmc@pdq.net
(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 605, F.S.

Signature of Registered Agent: Lady L. Butler, Asst. Sec. Date: 1/17/2014
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

| Titles AMBR/MGR | Name of Authorized Person | Street Address of Each Authorized Person | City / State / Zip |
|---|---|---|---|
| MGR | Chris McMurray | 3926 Bridge Harbor | Galveston, TX 77554 |
| | | | |
| | | | |
| | REINSTATEMENT 2013-2014 | | JAN 22 2014 L. SELLERS |
| | | | |

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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 Authorized Person: Lady L. Butler Date: 1/17/14 Daytime Phone #: 561-868-1135

Typed or printed name of signing Authorized Person: Lenny Brandon

# FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302**
**155 Office Plaza Dr Ste A Tallahassee FL 32301**
**PHONE: (800) 435-9371; FAX: (866) 860-8395**

**DATE:** 1/21/14

**NAME:** DAVIDSON MEDIA FLORIDA STATIONS, LLC

**TYPE OF FILING:** **REINSTATEMENT**

**COST:** 377.50

**RETURN:** **PLAIN COPY PLEASE**

RECEIVED
14 JAN 21 PM 12:40
DIVISION OF CORPORATIONS

ACCOUNT: **FCA000000015**

**AUTHORIZATION:** **ABBIE/PAUL HODGE**