


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M1300000 4776 1. Limited Liability Company's Name Al Jazeera America, LLC			
2. Principal Office Address - No P.O. Box # 435 Hudson Street Suite, Apt. #, etc. 4th Floor City & State New York, NY Zip Country 10014 USA		3. Mailing Office Address 435 Hudson Street Suite, Apt. #, etc. 4th Floor City & State New York, NY Zip Country 10014 USA	
		4. State/Country of Formation Delaware / USA	
		5. Date Organized or Qualified To Do Business in Florida 01/01/2013	
		6. FEI Number 54-2147781	
		Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324			
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: <u>Nicole Chaurand</u> Date: <u>4/27/2015</u> REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Authorized Representatives/Managers			
Title	Name of Authorized Representative/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
Vice Pres	Duraid jwayyed	435 Hudson Street 4th Floor	NY, NY 10014
<h1>REINSTATEMENT</h1> <p>2014 2015</p>			
11. E-mail Address: <u>duraid.jwayyed@aljazeera.net</u> (To be used for future annual report notifications)			
12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S., and 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager: <u>[Signature]</u> Date: <u>04/24/2015</u> Daytime Phone #: <u>212-273-4918</u> Typed or printed name of signing Authorized Representative/Manager: <u>Duraid Jwayyed</u>			

[Handwritten Signature]

Division of Corporations

Florida Department of State
Division of Corporations
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AL JAZEERA AMERICA, LLC

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