PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # M97000000459

1. Limited Liability Company's Name

MEDIAFOCUS, LLC
International

2. Principal Office Address: 3304 MINEOLA DRIVE
Suite, Apt. #, etc.:
City & State: SARASOTA FL
Zip: 34239 Country: USA

3. Mailing Office Address: 3304 MINEOLA DRIVE
Suite, Apt. #, etc.:
City & State: SARASOTA FL
Zip: 34239 Country: USA

4. State/Country of Formation: CONNECTICUT

5. Date Organized or Qualified ~~To Do Business in Florida~~: 06/30/1997

6. FEI Number: 06-145-2562 — 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: PETER STRAPKO
Street Address (P.O. Box Number is Not Acceptable): 3304 MINEOLA DRIVE
Suite, Apt. #, Etc.:
City: SARASOTA State: FL Zip Code: 34239

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****155.00 ****155.00

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: Peter Strapko Date: 12/28/2001
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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	PETER STRAPKO	3304 MINE	
Mgr	SCARLET STRAPKO		
			Rein 100
			OBR 50
			CUS 5
			155.00 nc

REINSTATEMENT 2001

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: Peter Strapko Date: 12/28/01 Daytime Phone #: 941 954 2018

Typed or printed name of signing Managing Member/Manager: PETER STRAPKO