

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000139334780
12/30/08--01008--007 **\$600.00

05-08

REINSTATEMENT

DOCUMENT # P04000128806

1. Limited Liability Company's Name

TALENTMEDIA.BIZ, INC.

2. Principal Office Address - No P.O. Box #

2641 SW 117 AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2641 SW 117 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI FLORIDA

City & State

MIAMI FLORIDA

Zip

33175

Country

UNITED STATES

Zip

33175

Country

UNITED STATES

4. State/Country of Formation

FLORIDA/UNITED STATES

5. Date Organized or Qualified

To Do Business in Florida 09/13/2004

6. FEI Number

☒ 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

MARTHA C. RUIZ

Street Address (P.O. Box Number is Not Acceptable)

2641 SW 117 AVENUE

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33175

☐ 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

Martha C Ruiz

REGISTERED AGENT MUST SIGN

Date 26 DECEMBER 2008

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
CEO	MARTHA C. RUIZ	2641 SW 117 AVENUE	MIAMI FLORIDA
PRES	MERCEDES RODRIGUEZ	2641 SW 117 AVENUE	MIAMI FLORIDA

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

Martha C Ruiz

Date 12/26/2008

Daytime Phone# 305-989-6569

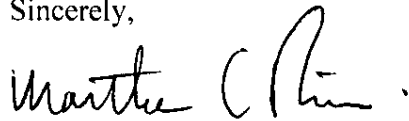
Typed or printed name of signing Managing Member/Manager MARTHA C. RUIZ

Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir or Madam:

My name is Martha C. Ruiz and I would like to ask you to waive the reinstatements for the years 2004 to 2008. The reason is because I was activated by the US Navy from 2006 to 2008. I appreciated for your assistant in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Martha C. Ruiz', followed by a period.

Martha C. Ruiz