

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 23 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002594

1. Limited Liability Company's Name

Ilan Jacobsohn Photography LLC

000008051680--0
-09/26/02--01044--001
****200.00 ****200.00

2. Principal Office Address

7900 Glades Road

3. Mailing Office Address

7900 Glades Road

Suite, Apt. #, etc.

Suite 320

Suite, Apt. #, etc.

Suite 320

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33434

Country

USA

Zip

33434

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida March 7, 2000

6. FEI Number

NONE

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

Ralph B. Jacobsohn

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

7900 Glades Road

Suite, Apt. #, Etc.

Suite 320

City

Boca Raton

State
FL

Zip Code
33434

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

REGISTERED AGENT MUST SIGN

Date

9.13.02

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
P	Ilan Jacobsohn	7900 Glades Road, Suite 320	Boca Raton, FL 33434

REINSTATEMENT

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dec

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

Date 09/13/2002

Daytime Phone # 561.883.5959

Typed or printed name of signing Managing Member/Manager Ilan Jacobsohn

CR2E041 (9/01)