

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

01 NOV -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

L-11153
Cherry Lane Pictures, LLC

2. Principal Office Address

6030 NW 32nd Ave

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

3. Mailing Office Address

518 Briarcliff

Suite, Apt. #, etc.

City & State

Cherry Hill, NJ

Zip

08003

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/00

6. FEI Number

13-4133470

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

Shawnee Gabel

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

6039 NW 32nd Ave

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33496

400004689824-9

-11/20/01--01073-002

*****150.00 ****150.00*

9. I, being appointed as the registered agent, do hereby agree to with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Shawnee Gabel
REGISTERED AGENT

Date *10/19/01*

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
Mem.	Jennifer Gabel	6039 NW 32nd Ave NW	Boca Raton, FL
Mem.	Jo Ann Gabel	"	"
Mgr/mem	Shawnee Gabel	"	"

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 I provide 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

Shawnee Gabel

Date *10/19/01*

Daytime Phone # *917-653-9862*

Typed or printed name of signing Managing Member/Manager