

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

1082
FILED

03 NOV -3 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000019498

Name and Mailing Address

0015429 01 MB 0.309 **AUTO T7 0 0615 10710-383499



J & L STUDIO, L.L.C.
130 COLONIAL PARKWAY
SUITE 31
YONKERS NY 10710-3834

US



2. New Mailing Address

JUDI KERZNER/JEL STUDIO, LLC (SUITE 3L)

City, State, Zip
The rest is correct

Principal Place of Business
130 COLONIAL PARKWAY
SUITE 31
YONKERS NY 10710
US

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

08/01/2002

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

HAMEL, LOUISE
2031 HYDE PARK CIRCKE
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Judi Kerzner

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date *Oct 30, 2003*

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	KERZNER, JUDI	130 COLONIAL PARKWAY, APT. 3L	YONKERS NY 10710
MGRM	HAMEL, LOUISE	2031 HYDE PARK CIRCLE	SARASOTA FL 34239

900024382589
11/03/03--01076--001 **150.00

REINSTATEMENT

12. 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

Judi Kerzner
SIGNATURE REQUIRED

Date *Oct 30, 2003*

Daytime Phone # *914 961-2364*

Typed or printed name of signing Managing Member/Manager

2082

LOUISE HAMEL - J&L STUDIO, L.L.C.
Judi Kerzner - President
130 Colonial Parkway, Suite 3L, Yonkers, NY 10710
Phone/fax: 914 961.2364
Mobile: 914 310.9810
Email: jkassi1@optonline.net

October 30, 2003

Division of Corporations
Registration Section
P.O. box 6327
Tallahassee, FL 32314

To whom it may concern,

I received a Certificate of Administration dissolution or Revocation from your office. I am enclosing a check for \$150.00.

I would appreciate it if you would waive the \$100.00 because I never received the Annual management form.

I would also appreciate it if you would put the name Judi Kerzner above the J&L Studio, L.L.C. on the mailing address. It is also Suite 3L (not 31).

Thank you for your consideration in this matter.

Sincerely yours,



Judi Kerzner
President
J&L Studio, LLC