## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION** FOR REINSTATEMENT

US



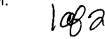
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

**DIVISION OF CORPORATIONS** 

1. DOCUMENT # L02000019498

Name and Mailing Address

0015429 01 MB 0,309 \*\*AUTO T7 0 0615 10710-383499 lmflHmlmkmHkmaHblmbaHalmHalmHhlml J & L STUDIO, L.L.C. 130 COLONIAL PARKWAY SUITE 31 YONKERS NY 10710-3834



FILED

03 NOV -3 AM 8: 00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

2. New Mailing Address  JUDI KERZNER/JEL Studio, LLC (Suite 3L)  City, State, Zip  The rust is correct				State/Country of Formation  FL			
The rest is correct				5. Date Organized or Qualified To Do Business in Florida 08/01/2002			
Principal Place of Business 130 COLONIAL PARKWAY SUITE 31 YONKERS NY 10710 US		New Principal Place of Business Address		6. FEI Number			Applied For Not Applicable
		City, State, Zip		7. CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status			
8. Name and Address of Current Registered Agent			Name and Address of New Registered Agent				
HAMEL, LOUISE			Name				
2031 HYDE PARK CIRCKE SARASOTA FL 34239			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip	p 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 PLACTIPE REQUIRED  Date Oct 30, 2003  11. Names and Stept 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 COLUNIAL	130 COLONIAL PARKWAY, APT. 3L		YONKERS NY 10710		
MGRM	HAMEL, LOUISE	2031 HYDE PA	2031 HYDE PARK CIRCLE		SARASOTA FL 34239		
				11/03/	0024382 030107600	1589 1 ** 15	50.00
		<u>en</u>		a de la como		Occ	
,							

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 filling 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 r company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect all fees owed by the limited المختوا as if made under oath.

Signature of Managing Member/Manage

Typed or printed name of signing

2080

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: jkassi 1 @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