

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2003 NOV 10 AM 8:17

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000020725

Name and Mailing Address

0012522 01 AT 0.292 **AUTO T6 D 0615 33446-318547



SYLVANA ROZELLI, LLC
7147 DEMEDICI CIRCLE
DELRAY BEACH FL 33446-3185



2. New Mailing Address

21218 St. Andrews Blvd # 709

City, State, Zip
Boca Raton, FL 33433

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 08/14/2002

Principal Place of Business
7147 DEMEDICI CIRCLE
DELRAY BEACH FL 33484

3. New Principal Place of Business Address

8221 W Glades Rd.

City, State, Zip
Boca Raton, FL 33434

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

FINKELSTEIN, ROSALIND
7147 DEMEDICI CIRCLE
DELRAY BEACH FL 33484

9. Name and Address of New Registered Agent

Name Ellen Hirsch
Street Address (P.O. Box Number is Not Acceptable)
7511 Brigantine Lane
City Parkland FL Zip Code 33067

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 Ellen Hirsch **SIGNATURE REQUIRED**

Date _____

REGISTERED AGENT MUST SIGN

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
Pres.	Ellen Hirsch	8221 W. Glades Rd	Boca Raton, FL 33434
V.P.	Rosalind Finkelstein	8221 W. Glades Rd	Boca Raton FL 33434
SEC Treas.	SYLVIA ANTEL	8221 W. Glades Rd	Boca Raton FL 33434

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

Ellen Hirsch **SIGNATURE REQUIRED**

Date 10/17/03

Daytime Phone # 561-488-0919

Typed or printed name of signing Managing Member/Manager

Ellen S. Hirsch



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 29, 2003

SYLVANA ROZELLI, LLC
21218 ST. ANDREWS BLVD., #709
BOCA RATON, FL 33443

SUBJECT: SYLVANA ROZELLI, LLC
Ref. Number: L02000020725

We have received your document for SYLVANA ROZELLI, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 103A00058895

Sylvana Rozelli

Distinctive Jewelry Designs

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Dear Lee -

Enclosed is the

\$50 to renew the LLC.

We never received any notice
of renewal until we received the
the current notice declaring our
LLC dissolved. As per your OK.

we are send the \$50. and giving you
our correct address.

Thank you.

Ellen Hirsch
President of Sylvana Rozelli LLC.