


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 10 MAY 24 PM 4:16 SECRETARY OF STATE TALLAHASSEE, FLORIDA 900177293459 04/23/10--01009--026 **660.00 CR2E041 (11/09)	
DOCUMENT # <u>L06000095515</u>					
1. Limited Liability Company's Name <u>HALPERN, LLC</u>					
2. Principal Office Address - No P.O. Box # <u>6768 10TH AVE NO.</u>		3. Mailing Office Address		4. State/Country of Formation <u>FLORIDA USA</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Date Organized or Qualified To Do Business in Florida <u>9/29/2006</u>	
City & State <u>LAKE WORTH</u>		City & State		6. FEI Number <u>20-5629274</u>	
Zip <u>33467</u>	Country <u>USA</u>	Zip	Country	Applied For Not Applicable	
8. Name and Address of Current Registered Agent				7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Name <u>JACK HALPERN</u>				<input type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.	
Street Address (P.O. Box Number is Not Acceptable) <u>6768 10TH AVE</u>					
Suite, Apt. #, Etc. <u>301</u>					
City <u>LAKE WORTH</u>		State <u>FL</u>	Zip Code <u>33467</u>		
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 <u>Jack Halpern</u>				Date <u>4/15/2010</u>	
REGISTERED AGENT MUST SIGN					
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	
<u>UGM</u>	<u>SUSAN HALPERN</u>	<u>400 EAST 56TH ST</u>		<u>NEW YORK, NY 10022</u>	
REINSTATEMENT 07-10 <u>DB</u>					
11. E-mail Address: <u>s.halpern@BradfordGraphics.com</u> (To be used for future annual report notifications)					
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 <u>Jack Halpern</u>				Date <u>4/15/2010</u>	
Typed or printed name of signing Managing Member/Manager					



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2010

HALPERN, LLC
6768 10TH AVE NO.
LAKE WORTH, FL 33467

SUBJECT: HALPERN, LLC
Ref. Number: L06000095515

We have received your document for HALPERN, LLC and your check(s) totaling \$660.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

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) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 910A00010498