

L1000116172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA  
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N. Outigan NOV 26 2012



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 430947 7158608

AUTHORIZATION :

COST LIMIT : \$

*Lynell Coleman*  
*238.75*

ORDER DATE : November 21, 2012

ORDER TIME : 2:39 PM

ORDER NO. : 430947-005

CUSTOMER NO: 7158608

DOMESTIC FILINGS

NAME: SUNLIGHT JR FILM, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - Ext# 52951

EXAMINER'S INITIALS \_\_\_\_\_

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L11000116172**

1. Limited Liability Company's Name

Sunlight Jr Film, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 175 Varick Street		3. Mailing Office Address 175 Varick Street	
Suite, Apt. #, etc. 7th Floor		Suite, Apt. #, etc. 7th Floor	
City & State New York, NY		City & State New York, NY	
Zip 10014	Country USA	Zip 10014	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida October 11, 2011	
6. FEI Number 45-3593578	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Corporation Service Company	
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL Zip Code 32301

E-mail Address:  andreacroa@gmail.com (To be used for future annual report notices)
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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 John H. Pelletier JOHN H. PELLETIER  
ASST. VICE PRESIDENT Date 11/21/12  
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
MGR	Andrea Roa	143 Ainslie Street	Brooklyn, NY 11211
MGR	Laurie Collyer	159 Underhill Avenue	Brooklyn, NY 11238

REINSTATEMENT

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager Andrea Roa Date 11/20/12 Daytime Phone # 917-977-1794

Typed or printed name of signing Managing Member/Manager Andrea Roa