

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS.

**FILED**

01 OCT 18 PM 12:17

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # L99000006431

1. Limited Liability Company's Name  
 J.D. STUDIO, LLC

2. Principal Office Address  
 172 OREGON LANE

Suite, Apt. #, etc.

City & State  
 BOCA RATON, FL

Zip Country  
 33487 USA

3. Mailing Office Address  
 7491 N. FEDERAL HWY C-5

Suite, Apt. #, etc.

PMB 291

City & State  
 BOCA RATON, FL

Zip Country  
 33487 USA

**REINSTATEMENT 2001**

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

10.06.1999

6. FEI Number

65-0960286

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**

Name

ROY M. BROWN

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

172 OREGON LANE

Suite, Apt. #, Etc.

City

BOCA RATON

State  
 FL

Zip Code

33487

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 -10/25/01--01025--018  
 \*\*\*\*155.00 \*\*\*\*155.00

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

*Roy M. Brown*

REGISTERED AGENT MUST SIGN

Date 10.16.01

**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
MGKRW	ROY M. BROWN	172 OREGON LANE	BOCA RATON, FL 33487
MCORNA	CHRISTINE L. CAHILL	172 OREGON LANE	BOCA RATON, FL 33487

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.

Signature of Managing Member/Manager

*Roy M. Brown*

Date 10.16.01

Daytime Phone # 561.998.1944

Typed or printed name of signing Managing Member/Manager ROY M. BROWN

CR2E041 (9/01)