

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98 00000374

FILED

1. DOCUMENT # M98000000374

Name and Mailing Address

02 NOV 26 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006946 01 FP 0.352 **PRSRT T1 O 0615 11530-330299

JAY PEAK LLC

C/O JASPAN SCHLESINGER, ET AL
300 GARDEN CITY PLAZA

GARDEN CITY NY 11530-3302



2. New Mailing Address

City, State, Zip

Principal Place of Business

C/O JASPAN SCHLESINGER, ET AL
300 GARDEN CITY PLAZA
GARDEN CITY NY 11530

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

04/21/1998

6. FEI Number

22-3616847

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

9. Name and Address of New Registered Agent

Name

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

REINSTATEMENT

FL

Zip 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

Dolores Burton

Date

11/25/02

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
MGRM	SCHLESINGER, STEVEN R	300 GARDEN CITY PLAZA	GARDEN CITY NY 11530

00000866240
10/29/02--01069--019 **150.00

11/26/02

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

Date

11/7/02

Daytime Phone #

516-746-8000

Typed or printed name of signing Managing Member/Manager

Steven R. Schlesinger