

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONSSECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # 960000 70898

1. Corporation Name

J.L. media, Inc.

2. Principal Office Address

7200 Corporate Center Drive

Suite, Apt. #, etc.

#201

City & State

MIAMI, FL

Zip

33126

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT 97-014. Date Incorporated or Qualified
To Do Business in Florida8/26/96

5. FEI Number

65-0747224

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒\$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARCI A. RUBIN, Attorney at Law, P.A.

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

1601 N. Harrison Parkway, #200A

Suite, Apt. #, Etc.

City

SUNRISEState
FL

Zip Code

33323

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered AgentMarci A. Rubin, esq.

REGISTERED AGENT MUST SIGN

Date 4-13-01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Gerald Levy	1600 Route 22, Union, NJ 07083	Union, NJ 07083
D	John DZIADZIO	1600 ROUTE 22	Union, NJ 07083
VP/D	Laurel Welch	7200 Corporate Center Drive #201	Miami, FL 33126

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Laurel Welch LAUREL WELCH

Date

4/17/01

Daytime Phone #

305 591-0242

1358.75 to Department of State -FL