

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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02 FEB -8 PM 4:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

**CORPORATION
REINSTATEMENT**

DOCUMENT # P00000006148

1. Corporation Name

080 Studio, Inc.

(the letter "o" - the number 8 - the letter "o")

2. Principal Office Address

1771 E. 9th Ave

3. Mailing Office Address

1771 E. 9th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

Zip

33605

Country

USA

Zip

33605

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3624098

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Bell, Christopher J.

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

1771 E. 9th Ave

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33605

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 Agent

[Signature]

Date 1-23-02

REGISTERED AGENT MUST SIGN

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
<u>P</u>	<u>Bell, Christopher J.</u>	<u>1771 E 9th Ave</u>	<u>Tampa, FL 33605</u>
<u>VS</u>	<u>Kreher, Eric L</u>	<u>1771 E 9th Ave</u>	<u>Tampa, FL 33605</u>

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 or 617.0401, 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christopher J. Bell 1-23-02

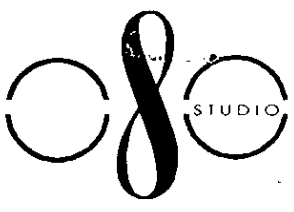
Date

813-247-5223

Daytime Phone #

CR2E081 (9/01)

page 2 of 2



to: Florida Department of State
from: Karen Spisak
regarding: o8o Studio, Inc.
Reinstatement
FEIN 59-3624098
date: 1/23/02

comments

Per my conversation today with someone in the corporate reinstatement offices, enclosed is our reinstatement form. Our original form was never received, and the nice staff lady confirmed that it was returned undelivered. Therefore we request voiding the reinstatement fees. A check for \$308.75 is enclosed for 2001, 2002 and an additional \$8.75 for a certificate of status.

If you have any questions, please call me.

Thank you,

A handwritten signature in cursive script, appearing to read 'Karen Spisak'.

Karen Spisak