

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 478617

1. Corporation Name

STUDIO IMPORTS, LTD., INC.

Principal Place of Business

Mailing Address

~~2250 HAYES STREET~~
HOLLYWOOD FL 33020-3438

~~2250 HAYES STREET~~
HOLLYWOOD FL 33020-3438

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

2252 Hayes Street
Suite, Apt. #, etc.

3. New Mailing Office Address, if Applicable

2252 Hayes Street
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 98 99

4. Date Incorporated or Qualified
To Do Business in Florida

06/09/1975

5. FEI Number

59-1603778

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	MANTELL, ELIZABETH ELISABETH	8650 N. 90TH AVE, VILLA 78 2252 Hayes St.	HOLLYWOOD FL 33020-3498
VPD	MANTELL, ALAN ALLAN	8650 N. 90TH AVE, VILLA 78 2252 Hayes St.	HOLLYWOOD FL 33020-3498
ST	MAK, KEITH	8650 N. 90TH AVE, VILLA 78 2252 Hayes St.	HOLLYWOOD FL 33020-3498

F000002787686-5
-02/25/99--01084--007
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

FELDMAN, MICHAEL K
1135 KANE CONCOURSE
MIAMI BEACH FL 33154

9. Name and Address of New Registered Agent

Name
MANTELL, ALLAN
Street Address (P.O. Box Number is Not Acceptable)
2252 Hayes Street
Suite, Apt. #, Etc.

City
Hollywood

State
FL

Zip Code
33020

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #