

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS



RECEIVED 10 JUN 24 1999

SECRETARY OF STATE
 1000 BANK BUILDING
 TALLAHASSEE, FLORIDA 32399-0001



DOCUMENT # **478617**

1. Corporation Name
STUDIO IMPORTS, LTD., INC.

Principal Place of Business Mailing Address
~~2252 HAYES STREET~~ ~~2252 HAYES STREET~~
 HOLLYWOOD FL 33020-3438 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. 36TH AVE, VILLA 78 2252 Hayes St.	HOLLYWOOD FL 33020-3498
ST	MAK, KEITH	8650 N. 36TH AVE, VILLA 78 2252 Hayes St.	HOLLYWOOD FL 33020-3498

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 ****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 *[Signature]* Date _____
REGISTERED AGENT MUST SIGN

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]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: _____ Daytime Phone # _____

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