


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
08 AUG 19 PM 2:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **FO4 00000 2546**

1. Corporation Name
CARPE DIEM STUDIOS, INC.

2. Principal Office Address - No P.O. Box # 21 ARBOR CLUB DR		3. Mailing Office Address 21 ARBOR CLUB DR	
Suite, Apt. #, etc. UNIT 212		Suite, Apt. #, etc. UNIT 212	
City & State PONTE VEDRA BEACH FL		City & State PONTE VEDRA BEACH FL	
Zip 32082	Country ST. JOHNS	Zip 32082	Country ST. JOHNS

REINSTATEMENT 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified To Do Business in Florida **4/30/2004**

5. FEI Number **13-4149297**

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
CHARLENE SOLOMON

Street Address (P.O. Box Number is Not Acceptable)
21 ARBOR CLUB DR

Suite, Apt. #, Etc.
UNIT 212

City
PONTE VEDRA BEACH

State **FL** Zip Code **32082**

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 *Charlene Solomon* Date **8/14/08**

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
PRES.	CHARLENE SOLOMON	21 ARBOR CLUB DR UNIT 212	PONTE VEDRA BEACH, FL 32082

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 contained in Chapter 119, 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: *Charlene Solomon* **CHARLENE SOLOMON** Date **8/14/08** Daytime Phone # **904 254 8908**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100124603801
08/19/08--01035--008 **450.00