

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

97 FEB 20 AM 10:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **H35586**  
1. Corporation Name  
**HOCH Studio, Inc**

Principal Place of Business Mailing Address  
**1500 NW 62nd STREET**  
**Suite 105**  
**FT LAUDERDALE FL 33309**

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <b>12/27/84</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>✓ 9-2490895</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
P, D	ANTHONY FARERI	3167 LAKESHORE DRIVE DEERFIELD Bch, FL 33442	DEERFIELD Bch, FL 33442
VP, D	ALAN BERLINER	1800 S OCEAN BLVD APT 1212	DOMPAZO BEACH, FL 33062
			300002094419--6 -02/21/97--01080--012 ***1410.00 ***1410.00
<b>REINSTATEMENT</b> <b>93-97 2/20/97</b>			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ALAN BERLINER 1500 NW 62 ST Suite 105 FT LAUDERDALE FL 33309		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code <b>FL</b>	

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 **2/11/97**

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: **ALAN BERLINER**

Date **2/11/97** (954) 357-9400  
Daytime Phone #

CR2EC040 (12/96)