

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 MAY 22 AM 10:17  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # J20860

1. Corporation Name

CAIN STUDIOS INC

W97-10997

Principal Place of Business

Mailing Address

3500 NE WALDO ROAD  
GAINESVILLE FL 32609

**REINSTATEMENT** 96-97

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

1986

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2731164

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED

SR 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	RICHARD CAIN	RT 1 Box 241	MICANOPY FL 32667
VP	JUDITH CAIN	RT 1 Box 241	MICANOPY FL 32667
T	RICHARD W CAIN	RT 1 Box 241	MICANOPY FL 32667
SEC	JUDITH CAIN	RT 1 Box 241	MICANOPY FL 32667
			<u>DB5-23-97</u>

8. Name and Address of Current Registered Agent

RICHARD WENDELL CAIN  
RT 1 Box 241  
MICANOPY FL 32667

9. Name and Address of New Registered Agent

Name

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

300002192613--1

Suite, Apt. #, Etc.

05/28/97-01013-023

\*\*\*\*923.75 \*\*\*\*923.75

City

State

Zip Code

FL

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]  
 REGISTERED AGENT MUST SIGN

Date 5/20/97

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(352)377-7657

Daytime Phone #

CPRE040 (12/96)