

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION FOR REINSTATEMENT**



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

AND FILED

98 DEC -7 AM 10: 51

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # **J20860**

1. Corporation Name  
**CAIN STUDIOS, INC.**

Principal Place of Business 3500 NE WALDO ROAD GAINESVILLE FL 32609	Mailing Address 3500 NE WALDO ROAD GAINESVILLE FL 32609
---------------------------------------------------------------------------	---------------------------------------------------------------

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



**REINSTATEMENT 98**

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>06/19/1986</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <b>59-2731164</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
PD	CAIN, RICHARD	RT. 1 BOX 241	MICANOPY FL 32667
VP	CAIN, JUDITH	RT. 1 BOX 241	MICANOPY FL 32667
T	CAIN, RICHARD W	RT. 1 BOX 241	MICANOPY FL 32667
S	CAIN, JUDITH W	RT. 1 BOX 241	MICANOPY FL 32667

800002707938-5  
 -12/09/98-01105-010  
 \*\*\*750.00 \*\*\*750.00  
*12/9*

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent		
WENDELL CAIN, RICHARD RT. 1 BOX 241 MICANOPY FL 32667		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	State <b>FL</b>	Zip Code

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: *Wendell Cain* **NOT REQUIRED** Date: 12/4/98  
 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)(f), 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: *Wendell Cain* **NOT REQUIRED** Date: 12/4/98 Daytime Phone #: 352-377-7657  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E040 (888)