

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 21 AM 10:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L72346**

1. Corporation Name

GLASS ACT STUDIO, INC.

Principal Place of Business

3076 NE 12TH TERR
FT LAUDERDALE FL 33334

Mailing Address

3076 NE 12TH TERR
FT LAUDERDALE FL 33334



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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/10/1990

5. FEI Number

59-2737670

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	4 City / State / Zip
D	SCHWARTZ, WARREN	3076 N.E. 12 TERRACE	FT LAUDERDALE FL

100010194391
01/21/03-01058-004 **150.00

8. Name and Address of Current Registered Agent

SCHWARTZ, PHILIP L ESQ
633 S. ANDREWS AVE., STE. 203
FT LAUDERDALE FL 33301

new address

9. Name and Address of New Registered Agent

Name: Philip L. Schwartz, Esq.
Street Address (P.O. Box Number is Not Acceptable): 2000 Glades Rd.
Suite, Apt. #, Etc: Suite 208
City: Boca Raton
State: FL
Zip Code: 33431

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. or 617.0505, F.S.

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

1/20/02

11. 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
DIRECTOR WARREN SCHWARTZ

Date

1/20/02

Daytime Phone #

954-802-7573

CR2E040 (8/02)

Glass Act Studio
3076 Northeast 12th Terrace
Fort Lauderdale, Florida 33334
Tel. 954-565-9720 Fax 1-800-982-4828

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee Florida 32314

November 20, 2002

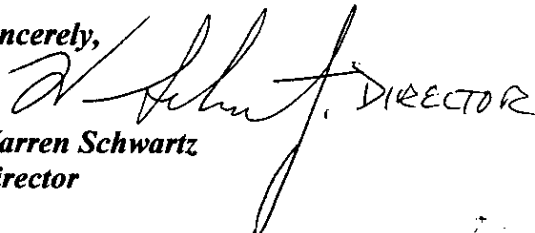
To whom it may concern;

I hereby affirm that Glass Act Studio Inc. did not receive any uniform business reports (UBS) notices for the year 2002 prior to your office issuing a notice of administrative dissolution of the Corporation.

We are hereby enclosing the executed appropriate form and filing fee of \$150.00.

Due to the circumstances of non receipt of the notices, We respectfully request your waiving of any additional fees to maintain "active" status for the Corporation.

Sincerely,


Warren Schwartz
Director