

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 NOV 16 AM 10:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # NO1000001992

1. Corporation Name

THE ACTING STUDIO

**REINSTATEMENT** 03-04

2. Principal Office Address

1535 W 27<sup>TH</sup> ST

Suite, Apt. #, etc.

SUNSET ISL 2

City & State

MIAMI BEACH

Zip

33140

Country

DADE

3. Mailing Office Address

1535 W 27<sup>TH</sup> ST

Suite, Apt. #, etc.

SUNSET ISL 2

City & State

MIAMI BEACH

Zip

33140

Country

DADE

4. Date Incorporated or Qualified  
To Do Business in Florida

3.21.2001

5. FEI Number

051094171

Applied For

☒ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

10/28/04 01055 001 29750

**7. Name and Address of Current Registered Agent**

Name

ROBERT ALPERT

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

1535 W 27<sup>TH</sup> ST

Suite, Apt. #, Etc.

SUNSET ISL 2

City

MIAMI BEACH

State

FL

Zip Code

33140

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

REGISTERED AGENT MUST SIGN

Date 11.11.2004

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
<u>P</u>	<u>ROBERT ALPERT</u>	<u>1535 W 27<sup>TH</sup> ST</u>	<u>MIAMI BEACH 33140</u>

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 under section 119.07(3)(l), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11.11.2004 305.401.7887

Date

Daytime Phone #

CR2E081 (01/04)