

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC -4 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000063516

1. Corporation Name

STUDIO DEVERE, INC

REINSTATEMENT 03

2. Principal Office Address

2934 NE 6TH AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

2959 NW 24TH WAY

Suite, Apt. #, etc.

City & State

WILTON MANORS FL

Zip

33334

Country

City & State

BOCA RATON FL

Zip

33431

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

06/29/2000

5. FEI Number

65-1023866

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DEBRA D POMERANTZ

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

2959 NW 24TH WAY

Suite, Apt. #, Etc.

City

BOCA RATON FL

State

FL

Zip Code

33431

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

Debra D Pomerantz

Date 12/01/03

REGISTERED AGENT MUST SIGN

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
DP[POMERANTZ, DEBRA D	2959 NW 24TH WAY	BOCA RATON, FL 33431

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)(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:

Debra D Pomerantz

Debra D Pomerantz, Director 12/01/03 954-567-1880

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

TR

STUDIO DEVERE, INC.
2959 NW 24th Way • Boca Raton, Florida 33431

December 1, 2003

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

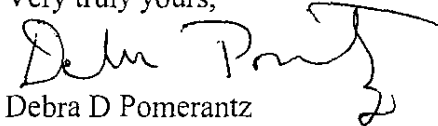
RE: Filing of 2003 Uniform Business Report
~~P00000063516~~

In accordance with our conversation with your office, we are writing this letter to advise that we never received our 2003 UBR nor any of the subsequent notices regarding same. It was only upon meeting with our accountant this morning for a preliminary review of our books for 2003 that the error was discovered.

Therefore, we are requesting that you accept the enclosed 2003 Annual Uniform Business Report and check for \$150 as payment in full for our 2003 UBR.

Thank you for your consideration of this matter. We look forward to a favorable reply.

Very truly yours,



Debra D Pomerantz
Director

Enclosures