

# 2001-2002 4 BR

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 JAN 16 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000105736

1. Corporation Name

STUDIO LUCIFERO INC.

2. Principal Office Address

1457 DREXEL AV

Suite, Apt. #, etc.

3. Mailing Office Address

1457 DREXEL AV

Suite, Apt. #, etc.

City & State

MIAMI BEACH FL

City & State

MIAMI BEACH FL

Zip

33139

Country

USA

Zip

33139

Country

USA

900004789369--9

-01/22/02--01090--027

\*\*\*\*300.00 \*\*\*\*300.00

4. Date Incorporated or Qualified  
To Do Business in Florida

11/13/2000

5. FEI Number

☒ 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

RENEE SAVARY

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

1457 DREXEL AV

Suite, Apt. #, Etc.

City

MIAMI BEACH

State  
FL

Zip Code

33139

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

*[Signature]*  
(REGISTERED AGENT MUST SIGN)

Date 01/14/2002

**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
P	ROBERTO LUCIFERO	3 ISLAND AV #9-E	MIAMI BEACH FL 33139
V	ANDREA CONTE	3 ISLAND AV #9-E	MIAMI BEACH FL 33139
S	RENEE SAVARY	5 ISLAND AV #10-J	MIAMI BEACH FL 33139

JAN 22 2002

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:

*[Signature]* RENEE SAVARY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/14/2002 305.535.1122  
Date Daytime Phone #

CR2E081 (9/01)