

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P01000008183

1. Corporation Name

JW STUDIOS, INC.

Principal Place of Business

Mailing Address

1117 WEBB DRIVE
CLEARWATER FL 33755

1117 WEBB DRIVE
CLEARWATER FL 33755

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



2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/23/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3693288

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
PTD	LUFAN, PATRICK A	1117 WEBB DRIVE	CLEARWATER FL 33755
S	LUFAN, ANN	1117 WEBB DRIVE	CLEARWATER FL 33755
			10/13/03--01099--002 **150.00
			200023766202 10/13/03--01099--002 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134~~

Name PATRICK LUFAN
Street Address (P.O. Box Number is Not Acceptable)
1117 Webb Dr
Suite, Apt. #, Etc.
Clear. FL
City
33755

State FL Zip Code 33755

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 10.9.03

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 10.9.03

Daytime Phone # 727 9612679

CR2E040 (7/03)

JIM WARREN STUDIOS

1117 WEBB DR.
CLEARWATER
FLORIDA, 33755
Ph/fax: 727 461-2679

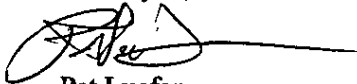
email: warrenrt@tampabay.rr.com

October 9, 2003

Dear Department of State,

Please accept this request for waiver of the reinstatement fee. We no longer use the registered agent that you have on file and did not receive a notice to file or request for an annual report this year.

Thank you,

A handwritten signature in black ink, appearing to read 'Pat Luefan', with a long horizontal line extending to the right.

Pat Luefan
Agent and Director