

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 27 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000009827**

1. Corporation Name

JIM WARREN STUDIOS, INC.

Principal Place of Business

Mailing Address

**403 N. GLENWOOD AVE.
CLEARWATER FL 33755**

**403 N. GLENWOOD AVE.
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2001

5. FEI Number

59-3716806

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPST	WARREN, JAMES RONALD	403 N. GLENWOOD AVE.	CLEARWATER FL 33755

000023749650

10/13/03--01066--001 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

~~SMEGEL & UTREIRA, P.A.
343 ALMERIA AVE
CORAL GABLES FL 33134~~

Name

Jim Warren

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

403 N Glenwood Av

Suite, Apt. #, Etc.

City

Clw.

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.9.03

Date

Daytime Phone #

CR2E040 (7/03)

JIM WARREN

STUDIOS

10.21.03

To Whom IT MAY Concern

Please WAIVE The
Reinstatement fee. We
did NOT Recieve The
1ST or 2nd Notice To
file.

Thank you,

Patricia
for Jim Warren Studios
INC.

