

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 26 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *P01000032241*

1. Corporation Name

Kay Studios, Inc.

2. Principal Office Address

2223 N. West Shore Blvd.

Suite, Apt. #, etc.

Suite 101C

City & State

Tampa, FL

Zip

33607

Country

U.S.A.

3. Mailing Office Address

4108 Tartan Place

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33624

Country

U.S.A.

REINSTATEMENT 02-03

4. Date Incorporated or Qualified
To Do Business in Florida

March 29, 2001

5. FEI Number

71-0855195

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

Karron E. Hofmann

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

4108 Tartan Place

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33624

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

Karron E. Hofmann

REGISTERED AGENT MUST SIGN

Date

12/17/03

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
<i>Pres. & Chairman</i>	<i>Karron E. Hofmann</i>	<i>4108 Tartan Place</i>	<i>Tampa, FL 33624</i>
<i>Director</i>	<i>Eugene C. Wages, Jr.</i>	<i>4108 Tartan Place</i>	<i>Tampa, FL 33624</i>

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:

Karron E. Hofmann, President, Karron E. Hofmann 12/17/03 (813) 353-2119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)