Audit # H04000180136

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 04 SEP -8 PM 1:12

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000079932

1. Corporation Name
STUDIO BY DESIGN, INC.

02-04
REINSTATEMENT

2. Principal Office Address	3. Mailing Office Address
10333 Meadow Crossing Dr.	10333 Meadow Crossing Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33647 Country: USA	Zip: 33647 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 08/14/2001

5. FEI number: 59-3383229 Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: Mike Wells

Street Address (P.O. Box Number is Not Acceptable): 10333 Meadow Crossing Dr.

Suite, Apt. #, Etc.:

City: Tampa State: FL Zip Code: 33647

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0501 or 617.0503, F.S.

Signature of Registered Agent: Mike Wells Date: 9/2/04
REGISTERED AGENT MUST SIGN

9. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Kelly Wells	10333 Meadow Crossing Dr.	Tampa, FL 33647

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 617.0403, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on the 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: Kelly Wells Kelly Wells 9/2/04 813-994-5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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9/8/04

Studio By Design., Inc.
10333 Meadow Crossing Dr.
Tampa, FL 33647

Thursday, September 02, 2004

Via Fax: Division of Corporations

Dear Division of Corporations

This is a request to waive the late fee to reinstatement the Corporation Studio By Design, Inc., document number P01000079632. We never received the annual report form.

Sincerely,

Kelly Walls

Kelly Walls, President

Florida Department
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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(((H04000180136 3)))

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : COURT ACCESS CENTERS OF AMERICA
Account Number : 075350000541
Phone : (813)875-1333
Fax Number : (813)875-2703

CORPORATION REINSTATEMENT

STUDIO BY DESIGN, INC.

Certificate of Status	**0**
Certified Copy	**0**
Page Count	**01**
Estimated Charge	**$1,050.00**

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