

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

04 SEP - 8 11:14:12

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01000079632			
1. Corporation Name STUDIO BY DESIGN, INC.			
2. Principal Office Address 10333 Meadow Crossing Dr.		3. Mailing Office Address 10333 Meadow Crossing Dr.	
4. Date, Apt. #, etc.		5. Date, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33647	Country USA	Zip 33647	Country USA
6. Date incorporated or qualified To Do Business in Florida 08/14/2001		7. Applied For 59-3363229	
8. CERTIFICATE OF STATUS DESIRED ☐		9. Not Applicable	
10. Name and Address of Current Registered Agent			
Name Mike Walls			
Street Address (P.O. Box Number is Not Acceptable) 10333 Meadow Crossing Dr.			
City, Apt. #, Etc.			
City Tampa		State FL	Zip Code 33647
11. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0605, F.S.			
Signature of Registered Agent <i>[Signature]</i>		Date 9/2/04	
REGISTERED AGENT MUST SIGN			
12. Name and Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Kelly Walls	10333 Meadow Crossing Dr.	Tampa, FL 33647
13. 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)(f), F.S. The information indicated on this application is true and accurate, and my signature and name are true and correct as it is made under oath.			
SIGNATURE: <i>[Signature]</i>		Kelly Walls 9/2/04 813-994-5530	
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

9/8/04

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08/22/2004 02:07 8139945530 MIKEEW11@

P.2/3

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

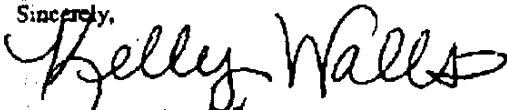
Thursday, September 02, 2004

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, President

P. 3/3

Florida Department of
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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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