

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 24 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000096715

1. Corporation Name

SIGNATURE STUDIO, INC.

Principal Place of Business

450 STATE ROAD 13 NORTH
SUITE 106 PMB
JACKSONVILLE FL 32259

Mailing Address

450 STATE ROAD 13 NORTH
SUITE 106 PMB
JACKSONVILLE FL 32259

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

2. New Principal Office Address, If Applicable

12620 Aladdin Rd.
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

12620 Aladdin Rd.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2001

5. FEI Number

26-168351

Applied For

Not Applicable

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

Zip

32223

Country

USA

Zip

32223

Country

USA

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

PD

FEIRO, FREDERICK F FERRO

450 STATE ROAD 13 NORTH
12620 Aladdin Rd.

JACKSONVILLE FL 32259

32223

STD

BROACH, DEBORAH L

450 STATE ROAD 13 NORTH
12620 Aladdin Rd.

JACKSONVILLE FL 32259

32223

10/24/02-01099-016 **150.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

DEBORAH L. BROACH

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

12620 Aladdin Rd.

Suite, Apt. #, Etc.

City

JACKSONVILLE

State

FL

Zip Code

32223

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 10-22-02

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

Date

10-22-02

Daytime Phone #

CR20040 (802)



October 22, 2002

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement

To Whom It May Concern:

Please see the enclosed Application for Reinstatement. We were unaware that our status had been revoked. We didn't receive the Uniform Business Reports from our registered agent in Miami. I would like to change the registered agent to myself so this will not happen again.

I have also enclosed the \$150.00 reinstatement fee that is required for a profit corporation. Please call me if there are any further questions or problems.

Thank you for your help in this matter.

Sincerely,

A handwritten signature in cursive script that reads "Deborah L. Broach".

Deborah L. Broach
Photographer/Owner