

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

*Phyllis*

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

06 APR 28 AM 8:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # *P02000022417*

1. Corporation Name

Babette Herschberger Studio, Inc.

2. Principal Office Address

561 NW 32 Street

Suite, Apt. #, etc.

Studio # *124*

City & State

Miami, FL

Zip

33127

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/27/2002

5. FEI Number

04-3611984

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

CR2E081 (8/05)

**7. Name and Address of Current Registered Agent**

Name

Manal Oliver & Association, Inc.

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

3121 Sheridan Avenue

Suite, Apt. #, Etc.

City

Miami Beach

State

FL

Zip Code

33140

800074535018

05/14/06--01001--011 \*\*600.00

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

*Manal Oliver*

REGISTERED AGENT MUST SIGN

Date

12/14/05

**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
P,T	Babette Herschberger	3 Island Avenue Ste 15E	Miami Beach, FL 33139

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:

*Babette Herschberger*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/14/05

Daytime Phone #

B A B E T T E H E R S C H B E R G E R S T U D I O , I N C .

*Page 2 of 2*

P H O N E & F A X 3 0 5 . 6 7 2 . 7 3 6 6  
w w w . B a b e t t e H e r s c h b e r g e r . c o m  
C e l l 3 0 5 . 6 1 0 . 3 0 5 0

May 1, 2006

Department of State  
Division of Corporation  
PO Box 6327  
Tallahassee, FL 32314

RE: Babette Herschberger Studio, Inc.  
P02000022417

To: Tyrone Scott

In response to Letter # 806A00019549  
and a phone conversation on May 1, 2006.

Enclosed is the corporate reinstatement form for Babette Herschberger Studio, Inc. and a check for \$600 for the 2003, 2004, 2005, 2006 annual fees .

My company was incorporated by a prior accountant & he took care of filing the annual report. I have since left his service & was not informed of the annual report filing. The new accountant has inquired into this matter and to my surprise the forms were never filed. This is the first time I have established a corporation and, without proper guidance, my inexperience in these matters meant that I was unaware of the proper filing procedures.

For the above reasons, I'm requesting the abatement of any other fees.

Could you please make sure all yearly filing information and notices come to this address.

Thank you for helping me resolve this matter.

Sincerely,



Babette Herschberger  
President