1/8 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 31 AM 8:00

DOCUMENT # P02000084065

1. Corporation Name
STUDIO 15 & OVER INC

REINSTATEMENT 03 MRS

2. Principal Office Address	3. Mailing Office Address
3206 NW 88th ave	3206 NW 88 AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Sunrise Florida	City & State: SUNRISE FLORIDA
Zip: 33351 Country: USA	Zip: 33351 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida 8-02-02

5. FEI Number — 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: Shimon Sabag

400025868954
12/31/03--01010--022 **15.00

Street Address (P.O. Box Number is Not Acceptable): 3206 NW 88th ave

Suite, Apt. #, Etc.

City: Sunrise | State: FL | Zip Code: 33351

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: Shimon Sabag — Date: 12-26-03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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	Shimon Sabag	3206 NW 88th ave	Sunrise FL 33351

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: Shimon Sabag — 12-26-03 — 754-235-4081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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STUDIO 15 & OVER
3206 NW 88TH AVE
SUNRISE, FL 33351

Phone: 754-235-4281

December 26, 2003
Department of State
Division of Corporations
409 East Gain St.
Tallahassee, Fl 32399

200BLBR

Dear Sir or Madam:

Please re-instate the above named corporation to reflect an active Corporation. I shimon Sabag certify that I did not receive the filing information forwarded to me. Please waive the re-activation fees.

Thank you for your cooperation in putting this matter to rest.

Best Regards,

Shimon Sabag
Studio 15 & Over