

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

102

**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

2. Principal Office Address

3206 NW 88th ave

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip

33351

Country

USA

3. Mailing Office Address

3206 NW 88th ave

Suite, Apt. #, etc.

City & State

SUNRISE FLORIDA

Zip

33351

Country

USA

REINSTATEMENT 03

MRS

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

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

3206 NW 88th ave

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

400025868954

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

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

Shimon Sabag

Date 12-26-03

REGISTERED AGENT MUST SIGN

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-26-03

Date

754-235-4081

Daytime Phone #

CR2E081 (10/02)

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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**

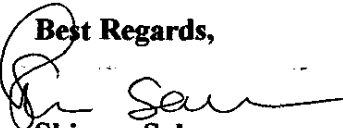
2003UBR

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**