

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

FILED

03 OCT 17 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000092329

1. Corporation Name

THE STUDIO OF NAPLES, INC.

Principal Place of Business

10380 VANDERBILT DRIVE
NAPLES FL 34108

Mailing Address

10380 VANDERBILT DRIVE
NAPLES FL 34108

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/23/2002

5. FEI Number

Applied For

Not Applicable

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
PSTD	PRIO, MIREYA	10380 VANDERBILT DRIVE	NAPLES FL 34108

500023914695
10/17/03--01089--004 **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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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]
REGISTERED AGENT MUST SIGN

Date 10/10/03

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(239) 597-1075

CR2E040 (7/03)

FLORIDA DEPARTMENT OF STATE
Division of Corporations

The Studio of Naples, Inc.
Mireya Prio
10380 Vanderbilt Drive
Naples, Florida 34108

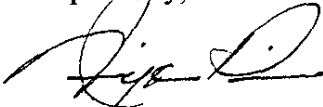
RE: Document # P02000092329

October 11, 2003

Enclosed please find my application for reinstatement along with original fee of \$150.00. I did not receive any notifications prior to receipt of this application. I have been legally separated and much of my mail is mistakenly delivered to my husbands business and his new personal address.

I thank you for your understanding and consideration in this matter.

Respectfully,

A handwritten signature in black ink, appearing to read 'Mireya Prio', written over a horizontal line.

Mireya Prio