

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 8:40

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000130649

1. Corporation Name

INT. STUDIO A INC.

Principal Place of Business

Mailing Address

777 N.W. 72 AVENUE
2 PLAZA 3
MIAMI FL 33126
US

777 N.W. 72 AVENUE
2 PLAZA 3
MIAMI FL 33126
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc. - -

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/12/2002

5. FEI Number

92-1085779

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
Pres	Eduardo Arredondo	777 NW 72 Ave. # 2 Plaza	Miami, FL 33126

300023914999

10/17/03--01089--017 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

ARREDONDO, EDUARDO
777 N.W. 72 AVENUE
2 PLAZA 3
MIAMI FL 33126

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

Date

REGISTERED AGENT MUST SIGN

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/15/03 (305) 442-2769

CR2E040 (7/03)

INT. STUDIO A, INC.
777 NW 72 Ave # 2 Plaza 3
Miami, FL 33126

Attachment to - Application for corporate reinstatement
P 02000130649 - Year 2003

Please be advised that we did not receive our original
annual return form in the mail.

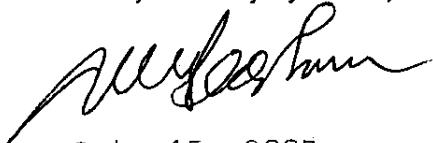
Our business location contains hundreds of tenants and we
do have problems from time to time with mail, etc.

Since this is the first year of our corporation's
existence, we were not familiar with the annual form
procedure and accordingly did not realize that we did
not receive it in the mail.

Accordingly, we do respectfully request that due to these
circumstances, the attached form be accepted as timely
filed and our corporation be reinstated without further
penalty.

Thank you for your consideration to this request.

Very truly yours,

A handwritten signature in dark ink, appearing to be 'M. J. [unclear]', written over a horizontal line.

Oct. 15, 2003