2004 FOR PROFIT CORPORATION REINSTATEMENT

KEINSTATEMENT						•		
DOCUMENT # P03000003961								
1. Enlity Name STUDIO 601, INC.						FILED		
510010 601, INC.			1		0.1 M	ne e erile. E	* s	
					04 N	DV -4 AH 11: 5	ΣĘ	
Principal Place of Business Mailing Address				10	SECRE	TARY OF STATE		
9925 NW 8TH AVE. 9925 NW 8TH AVE. GAINESVILLE, FL 32606 GAINESVILLE, FL 32606		6		JHY.	TALLA	HASSEE, FLORIC	ĴΑ	
OMMESVILLE, IE 32000				IM	##1 416 Marks (411) Marty water sa			
Principal Place of Business 3. Mailing Address								
2. Principal Flace of Business 3. Maining Address				· 2655 - 1632 A				
Suite, Apt. #, etc. Suite, Apt. #, etc.				102720	04 DREINP	CB2E098 (6/44)		
City & State City & State				4. FEI N		test of section	plied For	
					4232774	⊢	t Applicable	
Zip Country	Zip	Counti	ry	5. Certifi	cate of Status Desired	\$8.75 Add		
6. Name and Address of Current	Registered Agent			7. Name	and Address of New F			
				Name J.J. Luckey & Co. CPA				
CHAMBERLAIN, STEVEN M 618 NE 1ST STREET			Street Address (P.O. Box Number is Not Acceptable) 4045 NW 43rd Street Ste A					
GAINESVILLE, FL 32601			4045 NW 43rd Street Ste A					
			City Ga	<u>ainesvil</u>	.le	FL 3260	6	
The above named entity submits this statement for the obligations of registered agent.	or the purpose of changing its	registere	d office or r	egistered agent, o	or both, in the State of Fl	orida. I am familiar with,	and accept	
X	<u> </u>				11-4-0	, X		
SIGNATURE Signature, typed or printed name of registered agent	and little if applicable. (NOTE	: Registere	d Agent signatu	ire required when reins		DATE	,	
					1			
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.0	00				In accordance corporation did	with s. 607.193(2)(b), not receive the prior r	r.S., the notice.	
10. OFFICERS AND	DIRECTORS	11.		. ADDITIO	NS/CHANGES TO OF	FICERS AND DIRECTORS	S IN 11	
TITLE	☐ Delete	TITLE	1	Presider		☐ Change	Addition	
NAME		NAME			D. Sorel		**	
STREET ADDRESS: CITY-ST-ZIP						inesville,	FL 3260	
TITLE	☐ Delete	TITLE	:			☐ Change	☐ Addition	
NAME		NAME			1:5000000000000000000000000000000000000	243847	a	
STREET ADDRESS CITY-ST-ZIP	-		ET ADDRESS -ST-ZIP		11/03/0401	039027 **)	785.00	
TITLE	☐ Delete	TITLE				☐ Change	Addition	
NAME STREET ADDRESS I		NAME						
CITY-SI-ZIP			ET ADDRESS ST-ZIP					
TITLE	☐ Delete	TITLE	:			☐ Change	Addition	
NAME STREET ADDRESS		NAME	ET ADDRESS				ļ	
CITY-ST-ZIP			-ST-ZIP					
TITLE	☐ Delete	TITLE				☐ Change	Addition	
NAME		NAME	i					
STREET ADDRESS CITY-ST-ZIP			ET ADDRESS -ST-ZiP					
TITLE	Delete	TITLE		• ·		☐ Change	Addition	
NAME	•	NAME	·			~		
STREET ADDRESS CITY-ST-ZIP		1	ET ADORESS - ST- ZIP		•			
12. I hereby certify that the information supplied with	h this filing does not qualify for	the exer	mption state	d in Section 119.0	7(3)(i), Florida Statutes	. I further certify that the i	nformation	
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if								
changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daving Proper								
SIGNATURE:	PRINTED NAME OF SIGNING OFFICER	_			X 11-4004	X 4424		