

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10 JAN 12 AM 10:07

DOCUMENT # 904000011639

1. Corporation Name

TROIKA STUDIO, INC

2. Principal Office Address - No P.O. Box #

32 MASTERS DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

32 MASTERS DRIVE

Suite, Apt. #, etc.

City & State

ST AUGUSTINE, FL

City & State

ST AUGUSTINE, FL

Zip

32084

Country

USA

Zip

32084

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2004

5. FEI Number

20-0549955

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

MARK E SIMPSON

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

1306 SAN JOSE ROAD

Suite, Apt. #, Etc.

City

ST AUGUSTINE

State

FL

Zip Code

32086

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

*Mark Simpson*

REGISTERED AGENT MUST SIGN

Date 01/05/2010

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	MICHAEL BIRCHALL	32 MASTERS DRIVE	ST AUG, FL 32086
VP	SETH FERREIRA	32 MASTERS DRIVE	ST AUG, FL 32086

10. E-mail Address: MICHAEL@TROIKASTUDIO.COM

(To be used for future annual report notification)

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. I further certify, 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

MICHAEL BIRCHALL

01/05/10

904-827-1312

Date

Daytime Phone #