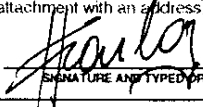


2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
05 NOV 18 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000015337					
1. Entity Name STUDIO FOUR, INC.					
Principal Place of Business 7910 N TAMiami TRAIL SUITE 204 SARASOTA, FL 34243			Mailing Address 7910 N TAMiami TRAIL SUITE 204 SARASOTA, FL 34243		
2. Principal Place of Business 6150 SR 70E Suite, Apt. #, etc.		3. Mailing Address 6150 SR 70E Suite, Apt. #, etc.			
City & State BRADENTON, FL		City & State BRADENTON, FL		4. FEI Number 84-1643919	
Zip 34203	Country MANATEE	Zip 34203	Country MANATEE	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TARELA, RAUL 1000 ST. CHARLES PLACE #414 PEMBROKE PINES, FL 33026				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARELA, RAUL 1000 ST. CHARLES PLACE #414 PEMBROKE PINES, FL 33026	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600061550756 11/18/05--01050--007 **150.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER HORATIO FRANCO 12010 LARSON LN PARRISH, FL 34219	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Roberts NOV 21 2005	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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: 			11/16/05 941-351-858		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		