

# **2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000115000

Entity Name: FIRST GLANCE STUDIO INC

**FILED**  
**Nov 08, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

11980 SW 144 CT  
SUITE # 210  
MIAMI, FL 33186

## **New Principal Place of Business:**

## **Current Mailing Address:**

11980 SW 144 CT  
SUITE # 210  
MIAMI, FL 33186

## **New Mailing Address:**

FEI Number: 20-1467901

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

MATTIA, MARC  
14612 SW 142 PL  
MIAMI, FL 33186 US

## **Name and Address of New Registered Agent:**

MATTIA, MARC A PRES  
14612 SW 142 PL  
MIAMI, FL 33186 US

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.

SIGNATURE: MARC A MATTIA

11/08/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MATTIA, MARC  
Address: 14612 SW 142 PL  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: MATTIA, MAYRA  
Address: 14612 SW 142 PL  
City-St-Zip: MIAMI, FL 33186

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MATTIA, MARC A PRESID  
Address: 14612 SW 142 PL  
City-St-Zip: MIAMI, FL 33186

Title: VP (X) Change ( ) Addition  
Name: MATTIA, MAYRA S VP  
Address: 14612 SW 142 PL  
City-St-Zip: MIAMI, FL 33186

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYRA S MATTIA

VP

11/08/2007

Electronic Signature of Signing Officer or Director

Date