

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

06 JAN 23 PM 3:04

DOCUMENT # P04000126509

**1. Corporation Name**

Studio B Custom Home Theater  
Creation, Inc.

**2. Principal Office Address**

999 Douglas Ave

Suite, Apt. #, etc.

3301

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

**3. Mailing Office Address**

999 Douglas Ave

Suite, Apt. #, etc.

3301

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

CR2E081 (12/05)

**4. Date Incorporated or Qualified  
To Do Business in Florida**

9-1-04

**5. FEI Number**

20-1639262

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

Haseena Khan

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

4308 Enright Court

Suite, Apt. #, Etc.

City

Winter Springs

State

FL

Zip Code

32792

600063966615  
01/18/06--01012--019 \*\*900.00

**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

Haseena Khan

Date 1-18-06

REGISTERED AGENT MUST SIGN

**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
<u>Pres</u>	<u>Haseena Khan</u>	<u>4308 Enright Ct.</u>	<u>Winter Springs, FL 32792</u>

**10. 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 contained in Chapter 119, 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:

Haseena Khan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06 407-869-8200

Date

Daytime Phone #