

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAR 22 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 20500125938

1. Corporation Name

~~DeBilzan Studios Inc.~~

William DeBilzan Studios INC
1211160

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

2 Snype Rd.

Suite, Apt. #, etc.

City & State

Key Largo

Zip

33037

Country

US

3. Mailing Office Address

2 Snype Rd.

Suite, Apt. #, etc.

City & State

Key Largo

Zip

33037

Country

US

000171655150
03/09/10--01018--017 **750.00

REINSTATEMENT 06-10

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

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

William DeBilzan

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

2 Snype Rd.

Suite, Apt. #, Etc.

City

Key Largo

State

FL

Zip Code

33037

☒ 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

REGISTERED AGENT MUST SIGN

Date 02-27-2010

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 |
|--------|--------------------------------------|---|---------------------|
| Dir. | William DeBilzan | Snype Rd | Key Largo, FL 33037 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

10. E-mail Address:

(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

02-27-2010 (305) 409-4

Date

Daytime Phone #