

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 NOV 30 PM 12:58

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016813

1. Corporation Name

SCENE STEALER DESIGN, INC.

2. Principal Office Address

5333 Collins Avenue

Suite, Apt. #, etc.

1209

City & State

Miami Beach, FL

Zip

33140

Country

USA

3. Mailing Office Address

5333 Collins Avenue

Suite, Apt. #, etc.

1209

City & State

Miami Beach, FL

Zip

33140

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0394820

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

ELVIRA, SILVIA

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

5333 Collins Avenue

Suite, Apt. #, Etc.

1209

City

Miami Beach

State
FL

Zip Code

33140

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

Silvia Elvira
REGISTERED AGENT MUST SIGN

Date Nov 25/05

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	CID DE DIEGO, FERNANDO	5333 Collins Avenue, # 1209	Miami Beach, FL 33140
V	ELVIRA, SILVIA	5333 Collins Avenue, # 1209	Miami Beach, FL 33140

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 under section 119.07(3)(i), 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:

Silvia Elvira
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nov 25/05

Date

(305) 335 9364

Daytime Phone #

Scene Stealer Design
FEI Number: 65-0394820

Nov 25 / 05

FLORIDA DEPARTMENT OF STATE
Division of Corporations

To whom it may concern,

After the generalized economic recession that happened in 2002 our company was obligated to cut down expenses, leaving our old address in Miami and letting go of many of our employees.

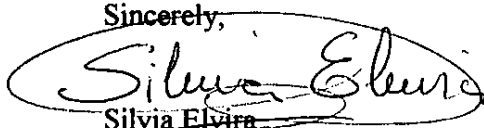
Since that moment, probably because of this changes and how hard the business became, we hadn't noticed that the status of our company had become inactive, even though the company has been functioning and taking care of all other responsibilities.

Now do to the damage caused by Hurricane Wilma we have had to ask for financial help from our bank to cover the losses that we have had on our actual project, and it has been the bank that has let us know of our fault with you when they checked our company information.

Because of this we have immediately contacted your department and here we send you the check for the amount they dictated, hoping you understand our mistake and penalize us with the possible minimum.

We apologize for this inconvenience and we will pay total attention to not make these mistakes again.

Sincerely,


Silvia Elvira
Vice-President