

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 DEC 26 PM 4:12

REINSTATEMENT 98-01

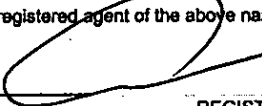
DOCUMENT # P93000040560
1. Corporation Name
NOVA STUDIO FLORIDA, INC.

2. Principal Office Address 1000 Island Blvd., #2505		3. Mailing Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Aventura, Florida		City & State	
Zip 33180	Country United States	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 6/8/1993	
5. FEI Number 65-0419726	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Adam R. Schiffman, Esquire			
Street Address (P.O. Box Number is Not Acceptable) 2999 N.E. 191st Street		5000004765085 --- 3 -01/10/02--01060--006 ***1200.00 ***1200.00	
Suite, Apt. #, Etc. 900			
City Aventura,	State FL	Zip Code 33180	

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.

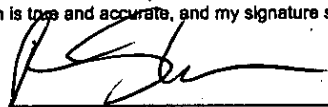
Signature of Registered Agent  Date 12/24/01

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
PSTD	Raphael Shaya	1000 Island Blvd., #2505	Aventura, Fl. 33160

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:  **Raphael Shaya** **12/24/01** **(305) 682-1528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (8/00)