PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

APPROVE Sandra B. Mortham FILED Secretary of State DIVISION OF CORPORATIONS 98 NOV 19 PH 2:48

P94000027580 DOCUMENT #

1. Corporation Name

THE STUDIO OF JOHN B. HACKLER IV, INC. .

Principal	Place	αf	Business

Mailing Address

801 S. ORLANDO AVENEU

801 S ORLANDO AVENUE

SHITE F

SHITE E

WINTER PARK FL 32789

WINTER PARK FL 32789

SECRETARY OF STATE TALLAHASSEE, FLORIDA

If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, if Applicable 807 S. ORLIANDO F. Suite, Apt. #, etc. 3. New Mailing Office Address, If Applicable Date Incorporated or Qualified To Do Business in Florida 807 S MELANDO 04/07/1994 5. FEI Number Applied For <u>Duite</u> 59-3241361 City & State City & State Not Applicable \$8.75 Additional Fee requir Zip Country Ζiρ Country CERTIFICATE OF STATUS DESIRED 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) City / State / Zip Title(s) WINTER PARK FL 32789 **PSTD** HACKLER, JOHN B IV 801 S ORLANDO AVENEU #F 400002696064--11/25/98--01004--013 ****150.00 ****150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent HACKLER, JOHN B IV Street Address (P.O. Box Number is Not Acceptable) 801 S ORLANDO AVENUE Suite, Apt. #, Etc. SUITE F WINTER PARK FL 32789 Zip Code State City 10. It being appointed the registered agent of the above named corporation, am famillar with and accept the obligations of Section 607.0505, F.S. Signature of Registered / 11. This corporation ower or has paid the current year (See oth) Yes 🔀 No Intangible Personal Property tax due June 30.

12. 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:

17 Nov. 98 (407) 64746600



17November1998

Department of State Division of Corporations PO Box 6327 Tallahassee, FI 32314

Dear Sir,

Today, we received a Notice of Administrative Dissolution or Revocation. We thought our Annual Report was filled and received by your office earlier this year. We did not receive any previous notification. I believe that the new address for our office Imay be the cause for this.

I called and was told to ask for a one-time exemption of the reinstatement fee. I am enclosing a check for \$150.00 for our Annual Report and Corporate Supplement fees. Please send any correspondence on this matter to:

807 South Orlando Avenue, Suite F Winter Park, Florida 32789 (407) 647-5999

Duchler,

Lyn Van Horn can answer any questions you have. Thank you for help with resolving this matter.

Sincerely,

Jolin Hackler, IV

President

The Studio of John B. Hackler IV, Inc.

EIN #59-3241361

Ref. Document #P94000027580

Studioinc

Winter Park Business Center 801 S. Orlando Ave. Suite F Winter Park, FL 32789 Tel 407.647.6600 Fax 407.647.5220