PLEASE READ	ALL INSTRUCTIONS	BEFORE C	OMPLETING THIS FORM. LL.	
AFOICATION REINSTABLENCE	FLORIDA DEPARTME Sandra B. Mor Secretary of S DIVISION OF CORPO	r <b>tham</b> State	98 DEC 17 PM 1: 40	
DOCUMENT # P9400063131  1. Corporation Name			SECRETARY OF STATE FALLAHASSEE, FLORIDA	
JACQUES HARVEY STUDIO, IN	IC.			
Principal Place of Business	Mailing Address			
1255 PENNSYLVANIA AVE #110 MIAMI BEACH FL 33139 US If above addresses are incorrect in any way, line thro	1255 PENNSYLVANIA AVE #110 MIAMI BEACH FL 33139 US	correction below		
New Principal Office Address, If Applicable	New Mailing Office Address, If Applicable		Date Incorporated or Qualified     To Do Business in Florida	
Suite, Apt. #, etc.	f, etc. Suite, Apt. #, etc.		5. FEI Number Applied For	-
City & State	City & State		65-0521743 Not Applicable	
Zip Country	Zip Countr	у	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee feature for a Certificate of Status	· 企
7. Names and Street Addresses of Each Officer and/o		ations must list at leas		_
Title(s) and/or Directors	Officer and/or Directo 3 (Do NOT Use Post Office Box N		umbers) 4 City / State / Zip	_
P DIEMUNSCH, JACQUES H 1255 PENNSYLVAI		ANIA AVE., #110	MIAMI BEACH FL 33139	
			3000027207031 -12/23/9801049002 *****150.00 *****150.00	
			Pular	
8. Name and Address of Current Registered Agent		Name	9. Name and Address of New Registered Agent	_
HARVEY, JACQUES 846 LINCOLN ROAD 6TH FLOOR MIAMI BEACH FL 33139		Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt. #, Etc.		
		City	<b>  FL</b>	
Registered Agent	e named corporation, am familiar wi  TURE REQU  GISTERED AGENT MUST SIGN		ligations of Section 607.0505, F.S.  Date	
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)				
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: SIGNATUR SIGNING OF FIGURE OF DATE OF PRINTED PARTY PED 12/11-98 305-672-6967  Date Dayline Phone #				

December 11, 1998

Florida Department of State Tallahassee, Florida 32399

## Gentlemen,

Enclosed please find my check for \$150 for my annual report fee for Jacques Harvey Studio, Inc. During 1997 the business address was changed to 5101 Collins Avenue, and I stopped receiving my business mail addressed to 1255 Pennsylvania Avenue. My business returned to the original address in October, and we then found the enclosed dissolution.

Please reinstate my corporation for the normal annual report fee as I have tried to comply with the laws of Florida, but simply did not receive the annual report because of the move.

Sincerely