

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED  
AND  
FILED

98 DEC -7 PM 3:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000002542

1. Corporation Name

NORTH LIGHT STUDIO, INC.

Principal Place of Business

Mailing Address

1803 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

1803 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

3304 Beach Blvd  
Suite, Apt. #, etc.

3304 Beach Blvd  
Suite, Apt. #, etc.

City & State

City & State

Jacksonville, FL  
Zip 32207 Country USA

Jacksonville, FL  
Zip 32207 Country USA



REINSTATEMENT 98

4. Date Incorporated or Qualified  
To Do Business in Florida

01/09/1995

5. FEI Number

59-3296809

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	COENEN, CURT	12224 CATTAIL LANE	JACKSONVILLE FL 32223
D	BOATMAN, JUDY	12224 CATTAIL LANE	JACKSONVILLE FL 32223
D	HAYNES, CHARLES	684 PLACITA NUEVA	GREEN VALLEY AZ 85614
			700002710257--6 -12/11/98 01060 016 ***750.00 ***750.00
			12/2/98

8. Name and Address of Current Registered Agent

COENEN, CURT  
1803 HENDRICKS AVENUE  
JACKSONVILLE FL 32207

9. Name and Address of New Registered Agent

Name: Curt Coenen  
Street Address (P.O. Box Number is Not Acceptable): 3304 Beach Blvd  
Suite, Apt. #, Etc.

City: Jacksonville State: FL Zip Code: 32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

*[Signature]* **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date

12/2/98

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:

*[Signature]* **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/2/98

Daytime Phone #

CR2040 (9/98)