

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **P95000089035**

1. Corporation Name

STUDIO ECKSTEIN, INC.

Principal Place of Business

Mailing Address

1717 NO. BAYSHORE DRIVE STE 1834
MIAMI FL 33132

~~1717 NO. BAYSHORE DRIVE STE 1834~~
~~MIAMI FL 33132~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

1140 AVENUE OF THE AMERICAS

City & State

NEW YORK, NY

Zip

Country

Zip

Country

10019

U.S.

4. Date Incorporated or Qualified
To Do Business in Florida

11/17/1995

5. FEI Number

65-0638612

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
D/P	ECKSTEIN, HOLGER	1717 NO. BAYSHORE DRIVE STE 1834	MIAMI FL 33132
S	BLANCHARD, ELIZABETH	1717 NO. BAYSHORE DRIVE STE 1834	MIAMI, FL 33132
			100002019131--7 -12/04/96--01040--017 ****375.00 ****375.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CAPOUANO, ALBERT D
1717 NO. BAYSHORE DRIVE STE 1834
MIAMI FL 33132

Name

ALBERT D. CAPOUANO

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

DEAN MEAD

Suite, Apt. #, Etc.

800 N. MAGNOLIA AVENUE SUITE 1500

City

ORLANDO

State

FL

Zip Code

32803

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

Albert D. Capouano

REGISTERED AGENT MUST SIGN

Date

11/2/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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:

H. Eckstein
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-22-96

Date

Daytime Phone #

(305) 371-9822

FILED
96 DEC -2 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 1996 mw3 12-2-96

CR23240 (7/95)