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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

02 MAR -7 PM 4:00

CORPORATION REINSTATEMENT

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

DOCUMENT # P95000089035

1. Corporation Name

STUDIO ECKSTEIN, INC.

REINSTATEMENT 2-02

2. Principal Office Address	3. Mailing Office Address
205 MULBERRY ST.	201 E. KENNEDY BLVD.
Suite, Apt. #, etc.: PH	Suite, Apt. #, etc.: SUITE 1200
City & State: NEW YORK, NY	City & State: TAMPA, FL
Zip: 10012 Country: US	Zip: 33602-4990 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1995

5. FEI Number: 65-0638612 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DEAN MEAD SERVICES, LLC

Street Address (P.O. Box Number is Not Acceptable): 800 N. MAGNOLIA AVENUE

Suite, Apt. #, Etc.: SUITE 1500

City: ORLANDO State: FL Zip Code: 32803

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A., SOLE MEMBER By: [signature] Date: 3-7-02

REGISTERED AGENT MUST SIGN

CR2E041(8/01)

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
DP	ECKSTEIN, HOLGER	205 MULBERRY ST., PH	NEW YORK, NY 10012
S	BLANCHARD, ELIZABETH M.	3308 SAN NICHOLAS	TAMPA, FL 33629

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: ✓ [signature] 3.6.02 (813) 254-0717

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ELIZABETH M. BLANCHARD, SECRETARY — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System
Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : DEAN, MEAD, EGERTON, BLOODWORTH, CAPOUANO & BOZARTH, P.A.
Account Number : 076077001702
Phone : (407)841-1200
Fax Number : (407)423-1831

CORPORATION REINSTATEMENT

STUDIO ECKSTEIN, INC.

Certificate of Status	0
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