

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC -8 AM 7:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000081415

1. Corporation Name
B2 STUDIO, INC.

Principal Place of Business
7832 COLLINS AVE. #506
MIAMI BEACH FL 33141

Mailing Address
7832 COLLINS AVE. #506
MIAMI BEACH FL 33141



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

2. New Principal Office Address, If Applicable

3138 CORAL WAY
Suite, Apt. #, etc.
MIAMI, FL
City & State

3. New Mailing Office Address, If Applicable

SAME
Suite, Apt. #, etc.
SAME
City & State

4. Date Incorporated or Qualified
To Do Business in Florida

09/27/1996

5. FEI Number

65-0702 989

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
Pres.	Ivette Rosado	9064 FROUDE AVE	Surfside, FL 33154
V.P.	Belkys NEREY	9064 FROUDE AVE	Surfside, FL 33154

500002366805--1
-12/09/97--01057--009
****165.00 ****165.00

8. Name and Address of Current Registered Agent

NEREY, BELKYS
7832 COLLINS AVE, #506
MIAMI BEACH FL 33141

9. Name and Address of New Registered Agent

Name
NEREY, BELKYS
Street Address (P.O. Box Number is Not Acceptable)
9064 FROUDE AVENUE
Suite, Apt. #, Etc.
Surfside FL 33154
City
State
FL
Zip Code

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

REGISTERED AGENT MUST SIGN

Date 11-24-97

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ivette Rosado

11-24-97 (305.)
567.3138

CR2000 (9/97)

**DATE**

**28 NOVEMBER,
1997**

ATTENTION

**DIVISION OF
CORPORATIONS**

FROM

**IVETTE ROSADO
B2 STUDIO/
DOCUMENT Nº
P96000081415**

Division of Corporations:

We had filed last year but somehow the paperwork never reached the dept. Although we have copies of the paperwork signed and sent we cannot locate proof of cancelled check. We are enclosing the original fee as requested by your office of \$ 165.00. Thank you once again, We hope this gets us back on track.

If there are any further questions please feel free to contact me @ 305.567.3138 or you may page me @ 305.939.8888.

My very kindest regards,

Ivette Rosado