

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION

REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 JAN 25 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # PAW0000081415

1. Corporation Name

B2 STUDIO INC.

2. Principal Office Address

235 NE 26TH ST.

3. Mailing Office Address

11

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

1

Zip

33137

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

96'

5. FEI Number

65-0702989

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

BETTY ROSADO

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

9064 FROUDE AVE

Suite, Apt. #, Etc.

SEAFSIDE FL 33154

City

State
FL

Zip Code

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/22/01

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
P.	IVETTE ROSADO	9064 Froude Ave SEAFSIDE FL 33154	
VP.	RONALD J. FORTES	550 South Shore Drive MIAMI BEACH FL 33141	

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]

PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

Date

305-512-0665

Daytime Phone #

CR2ED81 (9/00)

01.22.01
Corporate Reinstatement

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We were recently told that our corporation had been dissolved. That's news to us here! Since our last filing we did move our offices, however, we have had all our mail forwarded to the new address. Unfortunately, we did not receive the corporation's uniform business report. Had we received it, we would have happily returned it.

Please let us know if there is any way possible that the charges can be waived. We have enclosed a check for \$ 300.00 to reinstate our company.

We have updated our new address with your office and hopefully have corrected the problem for the future filings.

Should you have any questions or need any further information please contact us at the address below or call us at 305.572.0665

Thank You,



Ivette Rosado