PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # **P97000003654**

1. Corporation Name

STUDNICKY & COMPANY, INC.

Principal Place of Business

Mailing Address

2701 N OCEAN BLVD FORT LAUDERDALE FL 33308

SIGNATURE

2701 N OCEAN BLVD FORT LAUDERDALE FL 33308

REGISTERED AGENT MUST SIGN

on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

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SECKETARY OF STATE TABLAHASSEE, FLORIDA

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	ddresses are incorrect in any way, line thr				low. 🛭			V		
			ling Office Address, If Applicable O N.E. 19th Avenue			Date Incorporated or Qualified To Do Business in Florida				
Suite, Apt.	# etc.	Suite, Apt. #,	_	1 JULI AVE	iiuc	10 20 200	nobs III i Iorida	01/14/1997	7	
						5. FEI Number Applied For			Applied For	
City & State City & St						54-1049300 Not Applie			Not Applicable	
		N. Mia		each FL		6.		\$9.75 0 000000	nal Fee required	
Zip	Country	^{Zip} 33162	2	Country USA		CERTIFICATE	OF STATUS DESIRED \Box		cate of Status	
	101 1111 15 1011					<u> </u>				
7. Names	and Street Addresses of Each Officer and	or Director (Fig	rida nonprot							
Title(s)	Name of Officers and/or Directors		Street Address of Each Officer and/or Director				City / State / Zip			
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DP	STUDNICKY, JOHN P	2701 N OCEAN BLVD APT 14D				FORT LAUDERDALE FL 33308				
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8. Name and Address of Current Registered Age							9. Name and Address of New Registered Agent			
				Name			ing A Lincon ECo			
STUDNICKY, JOHN P			Street Address (P			uart A. Lipson, ESq. O. Box Number is Not Acceptable)				
2701 N OCEAN BLVD 14D							N.E. 19th AVenue			
FORT LAUDERDALE FL 33308				Suite, Apt. #, Etc.						
	3139C/1571EE / E 00000									
				City N. Miami Be			each State T Zip Code 33162			
10. I, being	appointed the registered agent of the abo	ve named corpo	oration, am fa	amiliar with and accep	t the	oligations of Seetl	on 607.0505, F.S.			
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Signature o	1 19 10 11	** **	<u> </u>	33 (17) 2 1	1111	IV JE	$1 \sim 1$	-/1-	,	
Signature o Registered	Agent (C) (C)	STORY TOWN	ノ 1	1.32	JM1/	N	Date \U\	76\O		

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application of 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

CR2E040 (8/01)