

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000020810

1. Corporation Name

MALE IMAGES AND Models Intl. Studios, INC.

2. Principal Office Address

3044 SW 54th STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

Zip

33312

Country

USA

3. Mailing Office Address

3044 SW 54th STREET

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

Zip

33312

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

Feb 25, 1998

5. FEJ Number

650836176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

JOHN FLANAGAN

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

3044 SW 54th ST

Suite, Apt. #, Etc.

City

FORT LAUDERDALE

State

FL

Zip Code

33312

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 5-2-06

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	JOHN FLANAGAN	3044 SW 54 th ST	FORT LAUDERDALE, FL 33312

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 contained in Chapter 119, 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

5-2-06

Daytime Phone #