

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 MAY -3 PM 1:33

DOCUMENT #

P98000055731

1. Corporation Name

Metal Works Studio, Inc

2. Principal Office Address

7300 Westpointe Blvd

Suite, Apt. #, etc.

#720

City & State

Orlando

Zip

32835

Country

USA

3. Mailing Office Address

2518 Edgewater Dr.

Suite, Apt. #, etc.

Suite 1

City & State

Orlando, FL

Zip

32801

Country

USA

04-26-99 90235 022 \$150.00

4. Date Incorporated or Qualified
To Do Business in Florida

6-22-98

5. FEI Number

54-3516026

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

Tom Olsen

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

2518 Edgewater Dr.

Suite, Apt. #, Etc.

Suite 1

City

Orlando

State

FL

Zip Code

32804

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

Tom Olsen

REGISTERED AGENT MUST SIGN

Date

5-1-2000

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	Kelly Johnston	7300 Westpointe Blvd #720	Orlando, FL 32835
		Orlando, FL	800003256178--1 -05/17/00-01082-009 ****150.00 ****150.00
			88515

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-1-2000 407947-9935

Daytime Phone #

CR2081 (9/99)

20F2

THOMAS R. OLSEN, P.A.
ATTORNEYS AND COUNSELORS AT LAW

2518 EDGEWATER DRIVE, SUITE 1

ORLANDO, FLORIDA 32804-4406

THOMAS R. OLSEN, P.A.

LEGAL ASSISTANTS

CANDI MELLOW

DEDRA CURTIS

BUSINESS DEVELOPMENT

SHERI MCINVALE, V.P.

ROBERT A. SOLOMON, P.A.

ROBERT M. GRGURIC, P.A.

LEGAL ASSISTANT

MEG GRGURIC

S. LYNN CUMMINGS, P.A.

TELEPHONE

407.423.5561

TELEFAX

407.423.5563

E-MAIL

tom@olsenonlaw.com

WORLD WIDE WEB

www.olsenonlaw.com

May 1, 2000

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Metal Works Studio, Inc. f/k/a Center Line Machine, Incorporated

Gentlemen:

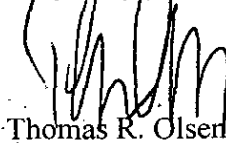
In reference to the above, enclosed please find the following:

1. Corporation Reinstatement
2. Copy of my client's check for 1999 Annual Dues
3. My client's check in the amount \$150 for the 2000 Annual Dues

It is my understanding that the 1999 Annual Report was returned to my client for correction. You kept and cashed her above 1999 dues check. Then, because a corrected 1999 Annual Report was not returned, you dissolved the corporation. Please be advised that my client never received the request for correction, or any subsequent mail, from you. This is in spite of the fact that the address you have for my client on 7300 Westpointe Blvd., Apt. 720, is correct.

We are asking that you reinstate this corporation without any fees or penalties. So as to avoid any misdirected mail in the future, my client has agreed to use my address on her reinstatement form and for future mailing purposes

Very truly yours,



Thomas R. Olsen

TRO/ms