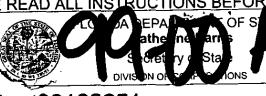
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT





DOCUMENT # PS 000108251

1. Corporation Name

LINDA	'S STU	DIO I	NC.

Principal Place of Business

3435 MAIN HIGHWAY

COCONUT GROVE FL 33133

Mailing Address

3435 MAIN HIGHWAY COCONUT GROVE FL 33133 FILED

00 FEB -3 PM 2: 22

SECRETARY OF STATE TALLAHASSEE, FLORIDA



If above addresses are incorrect in any way, line through incorrect in 2. New Principal Office Address, If Applicable 3. New Mail Suite, Apt. #, etc. Suite, Apt. # City & State City & State		information and enter correction below. ling Office Address, If Applicable	4. Date Incorporated or Qualified To Do Business in Florida 12/31/1998 5. FEI Number Applied For		
		City & State	•	6. S975 A History For Coll.	
Zip	Country	Zip	Country	CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee require for a Certificate of Status	
7. Names	and Street Addresses of Each Officer	and/or Director (F	lorida nonprofit corporations must list at l		
Title(s) Name of Officers and/or Directors		Street Address of Ea Officer and/or Direct			
D FLANAGAN, LINDA		3435 MAIN HIGHWAY	COCONUT GROVE FL 33133		
	8. Name and Address of Curi	not Podistared A	reet	700031364576 -02/15/0001116025 *****300.00 *****300.00	
	8. Name and Address of Curl	elit Kedistoleo V	Name		
FLANAGAN, LINDA 3435 MAIN HIGHWAY COCONUT GROVE FL 33133			Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.		
	1 . M		City	State Zip Code	
10. I, beir Signature Registered	on Multiplication	WUR	rporation, am familiar with and accept the EREQUIRED AGENT MUST SIGN		
this re	instatement application, the reason for	dissolution has be the names of indi		as provided for in chapter 607 or 617, F.S. I further certify that when filing fies the requirements of section 607.0401 or 617.0401, F.S., that all fees for an exemption under section 119.07(3)(i), F.S. The information indicated and the control of the control	