

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1902

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000039618

1. Corporation Name

STUDIO DECORUM, INC.

Principal Place of Business

7667 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

Mailing Address

7667 W. SAMPLE ROAD
CORAL SPRINGS FL 33065

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/03/1999

5. FEI Number

65-0968206

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	ARNONE, PAMELA SMITH	7667 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
D	ARNONE, GREGORY L	7667 W. SAMPLE ROAD	CORAL SPRINGS FL 33065
			300004911399--7 -02/12/02--01043--009 ****158.00 ****158.00
			300004911399--7 -02/12/02--01043--010 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

H.A. INCORPORATED
308 NW 101 TERRACE
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

Mari Nobregas

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

1291 Godfried Dr. West

Suite, Apt. #, Etc.

P. Pines

City

State

Zip Code

FL

33024

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Signature of Registered Agent
REGISTERED AGENT MUST SIGN

Date

1/10/02 MW

11. 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 of Pamela Smith Arnone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pamela Smith ARNONE

954

1.8.02

227-3003

Date

Daytime Phone #

CR2E040 (8/01)

292

Studio Decorum
7667 w Sample Road
Coral Springs, FL 33065
954.227.3003

January 10, 2002

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314

RE: Document #P990000039618
Corporation Name: STUDIO DECORUM

Dear Sirs:

Enclosed please find a copy of check dated April 25, 2001 for payment of filing fee on the above named corporation.

As this was mailed in a timely manner, I understood the certificate of dissolution to be a mistake. Apparently this was never received, or is in fact an error on your part. Please verify your records in this matter.

Enclosed is a replacement check of \$158.00 to cover the one you apparently never received along with the reinstatement papers.

Please feel free to call with any questions or comments.

Sincerely,



Pamela Smith Arnone
Pres