PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400006040884--2
-06/26/02--01047--005
****900.00 ****900.00

REINSTATEMENT 01-02

DOCUMENT # P99000047772

1. Corporation Name
Studio Artistry, Inc
9340 N. 56th st. ste B
Temple Terrace, FL 33617

2. Principal Office Address	**3.** Mailing Office Address
9340 N. 56th st.	Same
Suite, Apt. #, etc.: ste B	Suite, Apt. #, etc.:
City & State: Temple Terrace, FL	City & State:
Zip: 33617 Country: USA	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 5/25/1999

5. FEI Number: 59-3578236 ☐ 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: Bryan Manicchia
Street Address (P.O. Box Number is Not Acceptable): 2317 Southern Lites Ave
Suite, Apt. #, Etc.:
City: Lutz State: FL Zip Code: 33549

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: Bryan Manicchia
REGISTERED AGENT MUST SIGN
Date: 6/19/02

CR2E081 (9/00)

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
PVST	Manicchia, Bryan	2317 Southern Lites Ave	Lutz, FL 33549

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: Bryan Manicchi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/19/02
Daytime Phone #: 813 390-0103