FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000054073

1. Corporation Name

Miami Studio Rentals, Inc.

REINSTATEMENT 01-03

2. Principal Office Address	3. Mailing Office Address
1926 N.E. 149th St.	421 W. 54th St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Florida	City & State: New York, New York
Zip: 33181 Country: Dade	Zip: 10019 Country: NY

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: Robert Lanier

Street Address (P.O. Box Number is Not Acceptable): 1926 N.E. 149th St.

900100381275 -
01/03/03--01054--006 **1050.00

Suite, Apt. #, Etc.

City: Miami | State: FL | Zip Code: 33181

8. I, being appointed Registered Agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0501, F.S.

Signature of Registered Agent: Robert Lanier — REGISTERED AGENT MUST SIGN

Date: 12-16-02

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
Pres.	Edward Germano	421 W. 54th St.	New York, NY 10019
VP/ Secy	Janis Germano	421 W. 54th St.	New York, NY 10019

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., and 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: Edward Germano, Pres. 12/16/02 (212) 664-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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Name: Robert Lanier

Street Address (P.O. Box Number is Not Acceptable): 1755 1926 N.E. 149th St.

Suite, Apt. #, etc.

City: Miami — State: FL — Zip Code: 33181

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERALD WEINBERG, P.C.
Attorneys at Law
90 State Street
Albany, New York 12207

Gerald Weinberg
Lawrence A. Kirsch

Telephone (518) 463-2051
NYS (800) 342-9856
Facsimile (518) 463-0079

January 2, 2003

Department of State
Reinstatement Unit
409 East Gaines Street
Tallahassee, Florida 32399

Re: **MIAMI STUDIO RENTALS, INC.**

Enclosed herein please find the original and one (1) copy of the Application for Reinstatement for the above named corporation and my firm's check in the amount of $1050.00, $600.00 for reinstatement and $450.00 for the annual reports, including 2003. Please file this document and return proof of filing to me in the FEDEX envelope I have provided for your convenience.

Thank you in advance for giving this matter your prompt attention.

Very truly yours,

Katherine E. Mitchell

Enc.