

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC 16 PH 3:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000082763

1. Corporation Name

STUDIO MARC INTERNATIONAL, INC.

Principal Place of Business

800 N. MAGNOLIA AVENUE
STE. 1100
ORLANDO FL 32803

Mailing Address

800 N. MAGNOLIA AVENUE
STE. 1100
ORLANDO FL 32803

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

REINSTATEMENT

02

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

5. FEI Number

59-3602089

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
P	VAN STEENLANDT, MARC	800 N. MAGNOLIA AVENUE, #1100	ORLANDO FL 32803

500009519835
12/16/02--01036--007 **750.00

8. Name and Address of Current Registered Agent

VAN STEENLANDT, MARC A
800 N. MAGNOLIA AVENUE, STE. 1100
ORLANDO FL 32803

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

Dec 9-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 9-02

Date

407-246-7773

Daytime Phone #

CR2E040 (8/02)