

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 MAY 24 AM 10:48

SECRET
TALLAHASSEE, FLORIDA

DOCUMENT # **P990000082763**

1. Corporation Name
STUDIOMARC INTERNATIONAL, INC.

2. Principal Office Address
217 NORTH 12TH STREET

3. Mailing Office Address
217 NORTH 12TH STREET

Suite, Apt. #, etc.
NO. 114

Suite, Apt. #, etc.
NO. 114

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip Country
33602 USA

Zip Country
33602 USA

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

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name
VAN STEENLANDT, MARC A.

Street Address (P.O. Box Number is Not Acceptable)
217 NORTH 12TH STREET

Suite, Apt. #, Etc.
NO. 114

City
TAMPA

State Zip Code
FL 33602

300055981873
06/09/05--01068--010 **105.75

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

Marc A. Van Steenlandt

Date **05/04/05**

REGISTERED AGENT MUST SIGN

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
P	VAN STEENLANDT, MARC A.	217 NORTH 12TH STREET NO. 114	TAMPA, FLORIDA 33602

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:

Marc A. Van Steenlandt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/04/05

Date

407-247-3058

Daytime Phone #

CR2E081 (01/05)