

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **5-10369**

1. Corporation Name

STUDIO 3, Inc.

FILED

06 NOV 14 AM 9:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business

Mailing Address

**3109 Commodore Plaza
Miami, Florida 33133**

same

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

2. New Principal Office Address, If Applicable

3. New Mailing Address, If Applicable

3109 Commodore Plaza

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

Zip

Country

Zip

Country

33133

USA

REINSTATEMENT

1996

mwg

11-18-96

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/90

5. FEI Number

65-0239196

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P/S/T	Cherry, Mark Andrew	3109 Commodore Plaza	Miami, Florida 33133
D	Cherry, Mark Andrew	3109 Commodore Plaza	Miami, Florida 33133
			400002010184--2
			-11/20/96--01100--026
			***375.00 ***375.00

8. Name and Address of Current Registered Agent

**RESSLER, BARRY
9100 South Dadeland Boulevard
Suite 404
Miami, Florida 33156**

9. Name and Address of New Registered Agent

Name

same

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

Suite, Apt. #, Etc.

City

State

Zip Code

FL

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

B. Ressler

REGISTERED AGENT MUST SIGN

Date **October 15, 1996**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐

(See other side for information
on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 that all fees owed by the corporation have been paid. 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:

Mark Andrew Cherry

Mark Andrew Cherry

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/96

(305) 442-7166

Date

Daytime Phone

CRS-040 (12/95)