

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
01 FEB 20 PM 12:09
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT #

S10369

1. Corporation Name

STUDIO 3, Inc.

WO-1-00000341-8

2. Principal Office Address

3109 Commodore Plaza

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

Country

33133

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

**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 ☐

\$8.75 Additional Fee required
for a Certificate of Status

300003784373-4
-02/28/01--01009--010
***1200.00 ***1200.00

7. Name and Address of Current Registered Agent

Name

RESSLER, BARRY

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

9100 South Dadeland Boulevard

Suite, Apt. #, Etc.

Suite 404

City

Miami

State
FL

Zip Code
33156

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

Barry Ressler

REGISTERED AGENT MUST SIGN

Date September 8, 2000

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/S/T	Cherry, Mark Andrew	3109 Commodore Plaza	Miami, Florida 33133
D	Cherry, Mark Andrew	3109 Commodore Plaza	Miami, Florida 33133

REINSTATEMENT

98-01 *[Signature]*

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:

Mark Cherry

Mark Andrew Cherry

9/8/2000

(305) 442-7166

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #