


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	 <p>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # **V11921**

1. Corporation Name

STUDIO SOUTH, INC.

Principal Place of Business

9677 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

Mailing Address

9677 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

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

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/1992

5. FEI Number

65-0320760

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	ABRAMSON, HARRIET	9677 EL CLAIR RANCH ROAD	BOYNTON BEACH FL 33437
P	Abramson, Arnold	9677 El Clair Ranch Rd	Boynton Beach FL 33437

900004695189-4
-11/27/01--01048--014
****150.00 ****150.00

8. Name and Address of Current Registered Agent

ABRAMSON, HARRIET
9677 EL CLAIR RANCH ROAD
BOYNTON BEACH FL 33437

9. Name and Address of New Registered Agent

Name
Arnold Abramson
Street Address (P.O. Box Number is Not Acceptable)
9677 El Clair Ranch Road
Suite, Apt. #, Etc.
City
Boynton Beach
State
FL
Zip Code
33437

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

Arnold Abramson
REGISTERED AGENT MUST SIGN

Date

10/26/01

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:

Arnold Abramson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/26/01 561 582 9054

CR2E040 (6/01)

**ARNOLD ABRAMSON
STUDIO SOUTH, INC.
9677 EL CLAIR RANCH ROAD
BOTNTON BEACH, FLORIDA 33437
561-736-6267**

October 26, 2001

Ms. Katherine Harris
Secretary Of State
Division of Corporations
Annual Report/Reinstatement Division
PO BOX 6327
Tallahassee, Fl 32314-6327

Re: Document V11921
FEI# 65-00320760
2/05/92

Dear Ms. Harris:

Attached please find a copy of the death certificate for my wife, Harriet Abramson. Also, please find my check for \$150. Please be kind enough to waive any penalty fees for reinstatement. My wife was very ill for the past 15 months and the filing document was inadvertently misplaced. After her death on October 20, 2001 we started to look through some papers she had misplaced and found the 2001 Uniform Business Report.

My daughter called Tallahassee this morning and I am writing to respectfully request that due to the severe illness of my wife you accept my check for \$150 and waive any penalties.

If you require any additional information please contact me at the above address.

Sincerely,


Arnold Abramson