

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **V15056**

1. Corporation Name

STUDIO PRODUCTIONS, INC.

99A2

Principal Place of Business

Mailing Address

1330 NE 125TH ST
NORTH MIAMI FL 33161

1330 NE 125TH ST
NORTH MIAMI FL 33161

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 Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/17/1992

5. FEI Number

65-0315710

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	BROWN, GREG	450 NE 146TH ST	NORTH MIAMI FL
PTD	VELASQUEZ, ALBERTO E	1330 NE 125 ST.	N. MIAMI, FL 33161

8. Name and Address of Current Registered Agent

BROWN, GREG
1330 NE 125TH ST
NORTH MIAMI FL 33161

9. Name and Address of New Registered Agent

Name **Alberto E. Velasquez**

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

1330 NE 125 STREET

Suite, Apt. #, Etc.

N/A.

City **N. MIAMI**

State **FL**

Zip Code **33161**

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

Alberto E. Velasquez
REQUIRED
REGISTERED AGENT MUST SIGN

Date **10/29/99**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alberto E. Velasquez
REQUIRED

Date

Daytime Phone #

10/29/99 (305) 899-1100

06/04/99 90007 004 150.00

FILED

99 NOV 12 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR20040 (8/99)

Lucy Crespo, P.A.

7370 NW 54th Street
Lauderhill, Fl 33319
(954) 746-9879

LUCY CRESPO
President

November 2, 1999

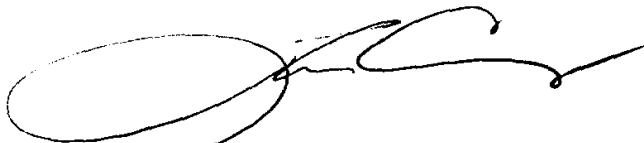
Florida Dept. of State
Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, Fl 32314-6327

RE: Studio Productions, Inc.
Document #V15056

To Whom It May Concern:

Enclosed is the application for reinstatement for the above named applicant. Please note that Studio Productions, Inc. did not receive your notice with regards to any additional and or incomplete information shown on the annual report originally filed. As per our telephone conversation with your offices, we are enclosing this letter and a completed reinstatement application. If there is anything else needed to correct the status of this corporation, kindly inform us.

Sincerely,



Lucy Crespo

ACCOUNTING, BOOKKEEPING, INCOME TAX, INCORPORATION SERVICE, IRS AUDITS, NOTARY
PUBLIC, PRIOR YEAR RETURNS.