

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 NOV 15 PM 5:10

DOCUMENT #

V45730

1. Corporation Name

STUDIN & ASSOCIATES, INC

200003488192--8

12/05/00-01103-017

****150.00 ****150.00

2. Principal Office Address

301 174 ST.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2417

City & State

SUNNY ISLE BEACH, FLA

City & State

Zip

Country

Zip

Country

33160

USA

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

LOUIS GOLDBERG, V.P.

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

301 174 ST.

Suite, Apt. #, Etc.

2417

City

SUNNY ISLE BEACH

State

FL

Zip Code

33160

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

Louis Goldberg

Date 11-13-2000

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
PRES	SIDNEY STUDIN	18071 BISTAYNE BLVD #1204 TWR 3N	AVENTURA, FLA 33158
V.P.	LOUIS GOLDBERG	301-174 ST #2417	SUNNY ISLE BEACH, FLA 33160

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:

Louis Goldberg V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-2000

Date

305 931.7427

Daytime Phone #

CR2E081 (9/99)



STUDIN & ASSOCIATES, INC.

301 174th Street, Suite 2417 • Sunny Isles Beach, FL 33160
Telephone (305) 623-6379 • Fax (305) 932-4777

11/13/2000

Florida Dept. of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sirs:

Enclosed please find my check for \$150.00, as advised to send, along with my letter asking for reinstatement for Corp..

Up to June or July 1999, we were known as Ecol-Chem Inc., and when we found our name was being used by others, we asked to have it changed, which was granted, to Studin & Associates, Inc.,

We always received our annual forms at my correct address, listed on my stationary, and paid our dues instantly or as soon as possible. For some reason, this year we did not receive our forms, and with my mind only on my wifes illness of cancer, I really didn't notice anything until I did my tax return and was questioned by my accountant on this matter. By the way, I regret that I lost my wife during that time. I feel I shouldn't be punished with higher fines because of the fact I did not receive any mail from the State regarding this matter, or my forms.

I hope you will accept this check as payment for reinstatement, as we truly were never dissolved.

Thanking you for your understanding.

Respectfully yours,

Louis Goldberg, V.P.
Studin & Associates, Inc.