PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 OF 2

CORPORATION REINSTATEMENT

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

FILED
02 MAY -1 PM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V51496

1. Corporation Name
STUDIO 39, Inc

REINSTATEMENT 01-02

2. Principal Office Address	**3.** Mailing Office Address
15963	15963
Suite, Apt. #, etc. S.W. 13th Street	Suite, Apt. #, etc. S.W. 13th Street
City & State Pembroke Pines Fla.	City & State Pembroke Pines Fla
Zip 33827 Country U.S.A.	Zip 33827 Country USA.

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 650346462 ☐ 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: Gordon C. Watt

Street Address (P.O. Box Number is Not Acceptable): 4500 Le Jeune Road

Suite, Apt. #, Etc.:

City: Coral Gables State: FL Zip Code: 33146

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 _____ Date 4-30-2002

REGISTERED AGENT MUST SIGN

CR2E081 (9/01)

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/D	John Patitucci	15973 S.W. 13th St.	Pembroke Pines Fla 33827
Sec/D	Marco Patitucci	15963 SW 13th St.	Pembroke Pines Fla 33827
			900005416849--8

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: _____ John Patitucci 4-30-02 305-926-8666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

252

ACCOUNT NO. : 072100000032

REFERENCE : 558894 7161650

AUTHORIZATION : Patricia Pyjet

COST LIMIT : $ 900.0

ORDER DATE : May 1, 2002

ORDER TIME : 11:51 AM

ORDER NO. : 558894-005

CUSTOMER NO: 7161650

CUSTOMER: Gordon C. Watt, Esq
Gordon C. Watt, P.a.
4500 Le Jeune Road

Miami, FL 33146

RECEIVED
02 MAY -1 PM 12:07
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: STUDIO 39, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS _____