

APPROVED
AND
FILED

11/2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

06 AUG 17 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V51496**

1. Corporation Name

Studio 39, Inc.

2. Principal Office Address

14345 Sunset Lane

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33330

Country

Broward

3. Mailing Office Address

14345 Sunset Lane

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33330

Country

Broward

REINSTATEMENT 04-06
CR 2084 (12/03)

**4. Date Incorporated or Qualified
To Do Business in Florida**

07/17/1992

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 Lejeune 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

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
PD	John Pattitucci	14345 Sunset Lane	Fort Lauderdale, FL 33330
SD	Marco Pattitucci	14345 Sunset Lane	Fort Lauderdale, FL 33330

200078883302
08/18/05--01040--017 **450.00

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 contained in Chapter 119, 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

Date

Daytime Phone #

8/7/06 305-93-6666

8/14

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STUDIO 39, INC.
14345 SUNSET LANE
FORT LAUDERDALE, FL 33330

August ~~8~~ 7, 2006

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

**Re: Studio 39, Inc.
Reinstatement**

TO WHOM IT MAY CONCERN:

Enclosed please find the following documents concerning the reinstatement of the above-noted corporation:

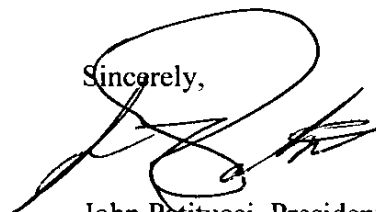
1. Corporation Reinstatement Application.
2. Check No.: 1333 in the amount of \$450 (\$150 x 3 years for 2004, 2005, and 2006).

Please note that the corporation's mailing address changed, and as such, we hadn't been receiving notices in the mail.

We appreciate your consideration in waiving any penalty.

Thank you for your assistance in this matter.

Sincerely,



John Patitucci, President
Studio 39, Inc.