

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -5 AM 8:00

DOCUMENT # V51496

1. Corporation Name

Studio 39, Inc.

REINSTATEMENT 03

2. Principal Office Address

15963 S.W. 13th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33827

Country

U.S.A.

3. Mailing Office Address

15963 S.W. 13th St.

Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

Zip

33827

Country

U.S.A.

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 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

REGISTERED AGENT MUST SIGN

Date 12-2-03

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
Sec/Asst	Marco Patitucci	15963 S.W. 13th St.	Pembroke Pines, FL 33827
Pres/Dire	John Patitucci	15963 S.W. 13th St.	Pembroke Pines, FL 33827

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John Patitucci

12-2-03

Date

305-661-1866

Daytime Phone #