

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

69 JAN 26 PM 12:22

SECRETARY OF STATE
1711 ATLANTIC, FLORIDA

DOCUMENT # **V54091**

1. Corporation Name

RUSSELL JOSEPH STUDIO, INC.

Principal Place of Business

**284 SW 14TH STREET
POMPANO BEACH FL 33060**

Mailing Address

**284 SW 14TH STREET
POMPANO BEACH FL 33060**



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

4. Date Incorporated or Qualified To Do Business in Florida

07/22/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0352410

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	STETTNER, RUSSELL JOSEPH	284 S.W. 14TH ST.	POMPANO BEACH FL 33060
ST	STETTNER, CAROL ANN	284 S.W. 14TH STREET	POMPANO BEACH FL 33060

**300002766903--2
-02/08/99--01013--010
****300.00 ****300.00**

8. Name and Address of Current Registered Agent

**DALE, CHARLES JR
414 N.E. 4TH STREET
FT. LAUDERDALE FL 33301**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☒ No ☐

(See other side for information on intangible tax.)

12. 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.

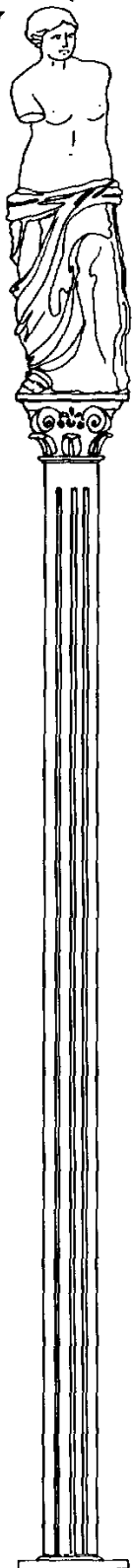
SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

Daytime Phone #

CR2E040 (9/98)



Russell Joseph Studio, Inc. ^{2cf2}

January 20, 1999

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

Dear Sir/Madam:

Enclosed please find my reinstatement application along with a check in the amount of \$300.

I request that you waive the penalty of \$600 for the reason noted below:

- I have no record of receiving the application for filing with the Secretary of State in 1998. My address has not changed and therefore I see no reason why I would not have received the application.

As you can see from Russell Joseph Studio, Inc.'s payment history, we have paid promptly every year since 1992. There would be no logical reason for me to ignore filing again in 1998 and risk paying penalty fees.

Please accept my sincere request to waive the penalty fee based upon non-receipt of the application.

Thank you for your consideration of this matter.

Sincerely,

Carol Ann Stettner
Secretary/Treasurer