

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JAN -3 PM 4:45

DOCUMENT # P99000090269

1. Corporation Name

FOTOVALLAS, INC.

2. Principal Office Address

7018 NW 107TH PLACE

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip

33178

Country

USA

3. Mailing Office Address

301 ALMERIA AVE

Suite, Apt. #, etc.

SUITE 103

City & State

CORAL GABLES, FL

Zip

33134

Country

USA

REINSTATEMENT

00

4. Date Incorporated or Qualified
To Do Business in Florida

10/13/99

5. FEI Number

65-0955155

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

DOMINGO ALONSO

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

301

Suite, Apt. #, Etc.

ALMERIA AVE # 3

City

CORAL GABLES

State

FL

Zip Code

33134

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 12/20/00

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	JOSE DANIEL ROA	7018 NW 107TH PLACE	MIAMI, FL 33178

AD

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

12/20/00

Date

448-1010

Daytime Phone #