

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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 SECRETARY OF STATE
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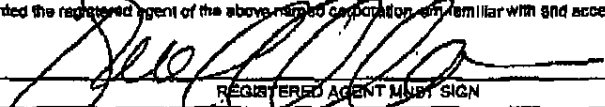
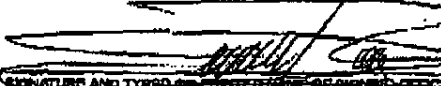
CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000090269 1. Corporation Name FOTOVALLAS, INC			
2. Principal Office Address 7018 NW 107 PLACE Suite, Apt. #, etc.		3. Mailing Office Address 7018 NW 107 PLACE Suite, Apt. #, etc.	
City & State MIAMI, FL Zip 33178		City & State MIAMI, FL Zip 33178	
Country U.S.A		Country U.S.A	

REINSTATEMENT

03

4. Date Incorporated or Qualified To Do Business in Florida 10/13/1999	
5. FEI Number 65-0955155	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED ☐ YES/NO	

7. Name and Address of Current Registered Agent	
Name DOMINGO ALONSO	
Street Address (P.O. Box Number is Not Acceptable) 300 SEVILLA AVENUE	
Suite, Apt. #, Etc. STE 201	
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 607.0503 or 617.0503, F.S.			
Signature of Registered Agent 		Date 10/29/03	
REGISTERED AGENT MUST SIGN			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officers and/or Director	City/State/Zip
PD	ROA, JOSE DANIEL	7018 NW 107 PLACE	MIAMI, FL 33178
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)(f), 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: 		10-29-03 (20) 448-3898	
SIGNATURE AND ADDRESS OF REGISTERED AGENT OR OFFICER OR DIRECTOR		Date Daytime Phone #	

CORP. (F002)

JA

**Florida Department of State
Division of Corporations
Public Access System**

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Division of Corporations
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From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
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CORPORATION REINSTATEMENT

FOTOVALLAS, INC.

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