

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 283043 1. Entity Name ASSOCIATED PHOTO AND IMAGING, INC.					
Principal Place of Business 19 S.W. 6TH STREET MIAMI, FL 33130			Mailing Address PO BOX 011311 MIAMI, FL 33101-1311		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-1052098	
5. Certificate of Status Desired - ☒		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent APPLE, LAWRENCE 19 S.W. 6TH STREET MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <i>Laurence B. Apple</i> LAURENCE B. APPLE <i>1/11/05</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ☐ Delete APPLE, LAWRENCE 19 S.W. 6TH STREET MIAMI, FL 33130		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 900064507219 01/25/06--01030--003 **908.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition <i>07/1/23</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Laurence B. Apple</i> LAURENCE B. APPLE, 305-379-4774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

FILED
06 JAN 18 AM 11:48
TALLAHASSEE, FLORIDA

