

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 AUG -6 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 664481

1. Corporation Name

AMERICAN PHOTO, INC.

2200 N.W. 93rd Avenue
2200 N.W. 93rd Avenue

2. Principal Office Address

2200 N.W. 93rd Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

2200 N.W. 93rd Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33172

Country

USA

Zip

33172

Country

USA

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59200555-2

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

Ricardo J. Teran

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

2200 N.W. 93rd Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33172

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

08/03/05

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
PRES	Ricardo J. Teran	2200 N.W. 93rd Ave	Miami, Fl. 33172
VP	Roberto J. Teran	6449 N.W. 109 Ave	Miami, Fl. 33172
VP	Maria E. Moriarty	295 West Enid Drive	Key Biscayne, Fl 33149

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

Date

08/03/05

Daytime Phone #

305-471-7701

CR2E081 (01/04)