H35025

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2018 DEC -5 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FL

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700321738807
12/05/18--01006--014 **1650.00

CR2E061 (11/10)

DOCUMENT # H35025

1. Corporation Name

PHOTO-TECH, INC., Florida Profit Corporation

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1310 Western Pine Circle	1310 Western Pine Circle
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State: Sarasota, FL	City & State: Sarasota, FL
Zip: 34240 Country: Sarasota	Zip: 34240 Country: Sarasota

4. Date Incorporated or Qualified To Do Business in Florida: 12/20/1984

5. FEI Number: 59-2414605 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED: YES — $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: JASON A. LESSINGER, ESQ.

Street Address (P.O. Box Number is Not Acceptable): 2033 Main Street

Suite, Apt. #, etc.: Suite 600

City: Sarasota | State: FL | Zip Code: 34237

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: [signature] Date: 11-21-18

REGISTERED AGENT MUST SIGN

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
P	TUROSIENSKI, PETER	1310 Western Pine Circle	Sarasota, FL, 34240

10. E-mail Address: peter.turo@petenuro.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE: [signature] 11-21-18

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #