

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 MAY 23 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H54252

1. Corporation Name

CITY PHOTO, INC.

REINSTATEMENT

09-11

500208021335

05/23/11--01043--007 **1050.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #
2500 E. HALLANDALE BCH BLVD

3. Mailing Office Address

2500 E. HALLANDALE BCH BLVD

Suite, Apt. #, etc.

X202

Suite, Apt. #, etc.

X202

City & State

HALLANDALE

City & State

HALLANDALE

Zip

33009

Country

USA

Zip

33009

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 04/29/85

5. FEI Number
59-2526111

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

RICK QUINTNER

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

2500 E. HALLANDALE BCH BLVD

Suite, Apt. #, Etc.

X202

City

HALLANDALE

State

FL

Zip Code

33009

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 05/20/11

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 | RICK QUINTNER | 2500 E. HALLANDALE BCH BLVD # X202 | HALLANDALE, FL 33009 |
| | | | |
| | | 5/24 | |
| | | | |
| | | | |
| | | | |
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10. E-mail Address: JENNIFER@JCWALKERCPA.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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5-20-11

Daytime Phone #