

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
FILED

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LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
John S. ...  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN 22 PM 1:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L000000000702

1. Limited Liability Company's Name

REFLEX PHOTO TRADING L.L.C.

REINSTATEMENT

2001-2003

2. Principal Office Address 2578 ENTERPRISE RD Suite, Apt. #, etc. #110 City & State ORANGE CITY, FLORIDA Zip 32763		3. Mailing Office Address PETRA BERISLAVICA 3/I Suite, Apt. #, etc. LBC GROUP City & State ZAGREB Zip 10000		4. State/Country of Formation FLORIDA	
Country USA		Country CROATIA		5. Date Organized or Qualified To Do Business in Florida 06/08/00	
6. FEI Number				Applied For <input checked="" type="checkbox"/> Not Applicable	
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Florida Filing & Search Services, Inc	
Street Address (P.O. Box Number is Not Acceptable) 1333 North Duval Street	
Suite, Apt. #, Etc.	
City Tallahassee	State FL
Zip Code 32302	

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Richard Hodge, President*  
REGISTERED AGENT MUST SIGN

Date

1/22/03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	STEPHEN DE CARTERET (MGRM)	VICTORIA HOUSE, THE AVENUE	SARK, CHANNEL ISLANDS
			300010426693

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*SW de Carteret*

Date 12/17/02

Daytime Phone# (720) 834 5838

Typed or printed name of signing Managing Member/Manager

STEPHEN DE CARTERET

CR2E041 (9/01)

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**FLORIDA FILING & SEARCH SERVICES, INC.**  
**P.O. BOX 10662 TALLAHASSEE, FL 32302**  
**PHONE: (850) 668-4318 FAX: (850) 668-3398**

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DATE: 01-22-03

NAME: REFLEX PHOTO TRADING, LLC

TYPE OF FILING: ANNUAL REPORT/REINSTATEMENT

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TALLAHASSEE, FLORIDA

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ACCOUNT: FCA0000000015

AUTHORIZATION: ABBIE/PAUL HODGE

*Abbie Hodge*