

L01000004243

DOCUMENT # L01000004243
1. Entity Name MORGANE PHOTO LLC
REINSTATEMENT
2002 2003

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP -4 PM 2:02

HL9/9

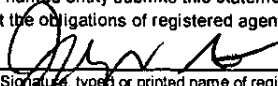
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA	3. Mailing Address 2100 PONCE DE LEON BLVD. Suite, Apt. #, etc. SUITE 600 City & State CORAL GABLES, FL Zip 33134 Country USA
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4. FEI Number 65-1088297	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent Name JORGE GURIAN Street Address (P.O. Box Number is Not Acceptable) 2100 PONCE DE LEON BLVD SUITE 600 City CORAL GABLES FL Zip Code 33134
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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  7/14/03 Signature, typed or printed name of registered agent and title if applicable.	700017894897 05/02/03--01052--010 **\$50.00 DATE
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FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAIGNEL, ERIC 2100 PONCE DE LEON BLVD. SUITE 600 CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	700017894897 05/02/03--01052--010 **\$50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Parinister, Patricia 2100 Ponce de Leon Blvd, Fl 600 Coral Gables, FL 33134	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	REINSTATEMENT 2002- 2003	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:  ERIC LAIGNEL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	04/29/03 305-279-4101 Date Daytime Phone #
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