

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 AM 10:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000017628


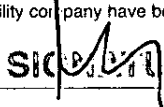
Name and Mailing Address

0004855 01 AT 0.292 **AUTO TO 0 0615 33025-391651



CUSTOM CAMERA, LLC
3451 EXECUTIVE WAY
MIRAMAR FL 33025-3916



2. New Mailing Address 3350 SW 148 Avenue, Suite 110		4. State/Country of Formation FL	
City, State, Zip Miramar, FL 33027		5. Date Organized or Qualified To Do Business in Florida 07/12/2002	
Principal Place of Business 3451 EXECUTIVE WAY MIRAMAR FL 33025	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 02-0605304	Applied For Not Applicable
8. Name and Address of Current Registered Agent MALE, MICHAEL H ESQ MICHAEL H. MALE, P.A. 3250 MARY STREET, STE. 303 MIAMI FL 33133		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500027711405 City 02/25/04--01025--013 **50.00 FL Zip Code	
10. I, being appointed the registered agent of this limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent  REQUIRED Date 1/23/04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WEISELBERG, ALAN I	3451 EXECUTIVE WAY	MIRAMAR FL 33025
MGRM	Weiselberg, Alan I.	3350 SW 148 Ave, Suite 110	Miramar, FL 33027
12. 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  SIGNATURE REQUIRED Date _____ Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager _____			

CR2E034 (7/03)

500027711405
01/28/04--01022--005 **150.00

REINSTATEMENT

03-04
OK