

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

11 JAN -3 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M72806

1. Corporation Name

Bridal-Photo Service Inc.

500189320335  
01/04/11--01017--003 \*\*750.00

2. Principal Office Address - No P.O. Box #

20 W. 55 Street

Suite, Apt. #, etc.

3. Mailing Office Address

20 W. 55 ST

Suite, Apt. #, etc.

City & State

Hialeah, FL 33012

Zip

33012

Country

USA

City & State

Hialeah, FL 33012

Zip

33012

Country

USA

**REINSTATEMENT 10**

4. Date Incorporated or Qualified  
To Do Business in Florida

3/21/1988

5. FEI Number

65-0086003

☐ 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

Enrique Gonzalez

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

20 W. 55 Street

Suite, Apt. #, Etc.

City

Hialeah

State

FL

Zip Code

33012

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]

REGISTERED AGENT MUST SIGN

Date

12/29/10

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
DP	Enrique Gonzalez	20 W. 55 St.	Hialeah, FL 33012
DV	Caridad Habarta	341 NW 162 Ave	Pembroke Pines, FL 33028
DST	Dalys Gonzalez	1069 NW 161 Ave	Pembroke Pines, FL 33028

10. E-mail Address: arlyn@bpdistributors.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., 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.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/29/10 (305) 823-4524

Daytime Phone #