

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 MAY 13 PM 3:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

International Photo Equipment Company
Inc

P 00000003521

2. Principal Office Address

29055 state rd 561

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

TAVARES

City & State

FL

Zip

32778

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

2000

5. FEI Number

59-3616394

Applied For

No: 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

ADAM KARESH

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

9626 Hollyhock place

Suite, Apt. #, Etc.

City

Windermere

State
FL

Zip Code

32778

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

Adam Kares

REGISTERED AGENT MUST SIGN

Date 5/9/02

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	Adam Kares	9626 Hollyhock pl.	Windermere FL 32778
T	ADAM KARES L		
S	ADAM KARES L		

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05/23/02 01001-011

****150.00 ****150.00

10. 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Adam Kares

ADAM KARES H

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

Date

407 7166397

Daytime Phone