

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 16 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FL 32301



2002 4 18

DOCUMENT # P00000115089

1. Corporation Name

MUSTPHOTO, INC.

Principal Place of Business

P.O. BOX 211323  
WEST PALM BEACH FL 33421

Mailing Address

P.O. BOX 211323  
WEST PALM BEACH FL 33421

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2001

5. FEI Number

65-1062905

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| 1<br>Title(s) | 2<br>Name of Officers<br>and/or Directors | 3<br>Street Address of Each<br>Officer and/or Director | 4<br>City / State / Zip |
|---------------|---|--|-------------------------|
| Pres.         | RANDI A. MUSTER                           | 1538 WESTCHESTER AVE.                                  | WELLINGTON, FL 33414    |
| Treas.        |   |  |                         |
| Clerk         |   |  |                         |
| Sole Director |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |
|               |   |  |                         |

200009519942  
12/16/02--01038--011 \*\*150.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

Date

11/18/02

TRACY MANGANELLE, Authorized Representative for Corporation Service Company

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/11/02 508-328-7865

CR2E040 (8/02)

MUSTPHOTO, INC.  
P.O. BOX 211323  
WEST PALM BEACH, FL 33421

Florida Department of State

Re: Application for Reinstatement

To Whom This May Concern:

The late filing of the attached data is due to the fact that previous Uniform  
Business Reports and related notices were not received.

Thank you for your time and consideration.

Randi A. Muster, Pres.