2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000039745

1. Entity Name
STUDIO PHOTO 2000, INC.

FILED
09 JAN -5 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2758 W. OAKLAND PARK BOULEVARD FT LAUDERDALE, FL 33311	2758 W. OAKLAND PARK BOULEVARD FT LAUDERDALE, FL 33311

REINSTATEMENT 08

2. Principal Place of Business - No P.O Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1104344 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JEAN-BAPTIST, WILKENS A 2758 W. OAKLAND PARK BLVD FT LAUDERDALE, FL 33309	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — Zip Code

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 Wilkens Jean-Baptiste 12/28/08
Signature typed or printed name of Registered Agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $750.00
After January 1, 2009, Fee will be $900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ☐ Delete JEAN-BAPTISTE, WILKENS 2702 W OAKLAND PARK BLVD FT LAUDERDALE, FL 33311	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 01/05/09--01015--006 **750.00 200139414952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BAEO ☐ Delete RODRIQUEZ, CLIFTON H 3146 NW 68 STREET, STE NO 1 FORT LAUDERDALE, FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete M 1/12	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilkens Jean-Baptiste 12/28/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #