

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

03 NOV 10 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000065758

1. Corporation Name

ULTIMATE PHOTO LAB, INC.

Principal Place of Business

2700 N. 29 AVENUE
SUITE #301
HOLLYWOOD FL 33020

Mailing Address

2700 N. 29 AVENUE
SUITE #301
HOLLYWOOD FL 33020

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

06/13/2002

5. FEI Number

74-3089539

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	DUTES, FREDO	2700 N. 29 AVENUE, SUITE #301	HOLLYWOOD FL 33020
VPD	FABRE, GEORGE SR.	2700 N. 29 AVENUE, SUITE #301	HOLLYWOOD FL 33020
TD	DUTES, KARINE	2700 N. 29 AVENUE, SUITE #301	HOLLYWOOD FL 33020
TD	SAINT-CYR, EUPHESE	2700 N. 29 AVENUE, SUITE #301	HOLLYWOOD FL 33020

200024576022
11/10/03--01116--016 **150.00

8. Name and Address of Current Registered Agent

SAINT-CYR, RICARDO
2700 N. 29 AVENUE
SUITE #301
HOLLYWOOD FL 33020

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

Richard Hood
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-16-03

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

Fredo Dutes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-15-03 (305) 654-7004

CR2040 (7/03)

Ultimate Photo Lab, Inc.

October 16, 2003

Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Reference: Document #P02000065758
Corporation Name: Ultimate Photo Lab, Inc.
2700 N. 29th Avenue, Suite 301
Hollywood, Florida 33020


Dear Ms. Hood:

Please be advised that our office did not receive the prior uniform business report notices. We are therefore providing the Department of Corporation with the attached Application for Reinstatement along with the required fee.

Kindly advise our office if additional information is needed to ensure the process of reinstatement.

Thank you.

Sincerely,


Ricardo Saint-Cyr
Registered Agent

The Lab

2700 N. 29th Avenue, Suite 301, Hollywood, Florida 33020, Phone: (954) 923-7800