

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 SEP 14 AM 8:00

DOCUMENT # 802000093960

**1. Corporation Name**

FOTO LENNON - USA, CORP.

25 SE 2nd Ave.  
25 SE 2nd Ave.

**2. Principal Office Address**

25 SE 2nd Ave.

**3. Mailing Office Address**

25 SE 2nd Ave.

Suite, Apt. #, etc.

1242

Suite, Apt. #, etc.

1242

City & State

Miami, FL

City & State

Miami, FL

Zip

33131

Country

USA

Zip

33131

Country

USA

**REINSTATEMENT**

03-04  
MRS

**4. Date Incorporated or Qualified  
To Do Business in Florida**

**5. FEI Number**  
98-0389753

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

Augusto F. Santiago

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

25 SE 2nd Ave

Suite, Apt. #, Etc.

1242

City

Miami

State

FL

Zip Code

33131

**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

REGISTERED AGENT MUST SIGN

Date 09/01/2004

**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
DPST	OROZCO-BERMEDEZ, Julio A	25 SE 2nd Ave., Suite 1242	Miami, FL 33131
VP	SANTIAGO, Augusto F.	25 SE 2nd Ave., Suite 1242	Miami, FL 33131

100041055491  
09/14/04--01016--001 \*\*308.75

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Augusto F. Santiago, VP 09/01/04 (786)306-9434

Date

Daytime Phone #

CR2E081 (01/04)