

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 # P02000093960

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 Country
33131 USA

Zip Country
33131 USA

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

REINSTATEMENT 03-04
MRS

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 Zip Code
FL 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/04)