

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 JAN 12 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** P02000116559

**1. Corporation Name**

Pixel Photo Lab Inc

**2. Principal Office Address**

1128 Ocala Road

Suite, Apt. #, etc.

Apartment I-8

City & State

Tallahassee, FL

Zip

32304

Country

USA

**3. Mailing Office Address**

1128 Ocala Road

Suite, Apt. #, etc.

Apartment I-8

City & State

Tallahassee, FL

Zip

32304

Country

USA

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

2002

**5. FEI Number**

59-3762973

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

9/26/02 01077 012 150.00

**7. Name and Address of Current Registered Agent**

Name

Joseph R. Birmingham

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

1128 Ocala Road

Suite, Apt. #, Etc.

Apartment I-8

City

Tallahassee

State

FL

Zip Code

32304

**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 01-06-04

**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
Pres.	Joseph R. Birmingham	1128 Ocala Road, Apartment I-8	Tallahassee, FL 32304

**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)(f), 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:**

Joseph R. Birmingham

01-06-04

321-749-6646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (10/02)

tn

**Pixel Photo Lab**  
1128 Ocala Road  
Apartment I-8  
Tallahassee, FL 32304  
321 749 6646

January 13, 2004

To:  
Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, FL 32399

Attention Tina

Re: Reinstatement

Dear Tina,

This letter is to confirm that I did not receive the corporate filing papers for the state of Florida.

Thank you

  
Joe Birmingham  
President  
Pixel Photo Lab.