2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000166986

Entity Name: MIGUEL IRIAS PHOTOGRAPHY INC.

FILED Nov 26, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

14901 SW 4 STREET 16325 S.W. 7 ST

PEMBROKE PINES, FL 33027

PEMBROKE PINES, FL 33027

New Mailing Address: Current Mailing Address:

14901 SW 4 STREET 16325 S.W. 7 ST

PEMBROKE PINES, FL 33027

PEMBROKE PINES, FL 33027

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

IRIAS, MIGUEL IRIAS, MIGUEL 14901 SW 4 STREET 16325 S.W. 7 ST

PEMBORKE PINES, FL 33027 US

PEMBORKE PINES, FL 33027 US

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.

SIGNATURE: MIGUEL IRIAS 11/26/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CFO () Delete Title: CFO (X) Change () Addition IRIAS, MIGUEL IRIAS, MIGUEL Name: Name:

14901 SW 4 STREET #8 16325 S.W. 7 ST Address: Address: City-St-Zip: PEMBROKE PINES, FL 33027 City-St-Zip: PEMBROKE PINES, FL 33027

Title: Title: CFO (X) Change () Addition () Delete

Name: MATILDE, IRIAS Name: MATILDE, IRIAS 16325 S.W. 7 ST 14901 SW 4 STREET #8 Address: Address: PEMBROKE PINES, FL 33027 PEMBROKE PINES, FL 33027 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIGUEL IRIAS MR. 11/26/2008