

# 2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000098453

**FILED**  
**Oct 02, 2009**  
**Secretary of State**

**Entity Name:** ZOLTAN'S PHOTOGRAPHIC SERVICES, INC.

**Current Principal Place of Business:**

1749 NE MIAMI CT  
507  
MIAMI, FL 33132

**New Principal Place of Business:**

1504 BAY RD  
1504  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1749 NE MIAMI CT  
507  
MIAMI, FL 33132

**New Mailing Address:**

1504 BAY RD  
1504  
MIAMI BEACH, FL 33139

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

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

PREPSZENT, ZOLTAN OWNER  
601 NE 36TH ST  
1309  
MIAMI, FL 33137 US

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

PREPSZENT, ZOLTAN OWNER  
1504 BAY RD  
1504  
MIAMI BEACH, FL 33139 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: ZOLTAN PREPSZENT

10/02/2009

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:**

Title: P ( ) Delete  
Name: PREPSZENT, ZOLTAN OWNER  
Address: 601 NE 36TH ST APT 1309  
City-St-Zip: MIAMI, FL 33137

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PREPSZENT, ZOLTAN OWNER  
Address: 1504 BAY RD APT 1504  
City-St-Zip: MIAMI BEACH, FL 33139

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: ZOLTAN PREPSZENT

OWNE

10/02/2009

Electronic Signature of Signing Officer or Director

Date