PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 JAN 23 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40930

1. Corporation Name
EXPERT PHOTOPROCESSING SERVICES, INC.

Principal Place of Business	Mailing Address
1052 Ocean Drive Miami Beach, Fl. 33139	1725-27 NW 28 Street Miami, Fla. 33142

REINSTATEMENT 97-98

500002415295--6

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
1725-27 NW 28 Street	
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Miami, Florida	City & State
Zip: 33142 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: 01/28/98--01112--001 ***3082190'1998*908.75

5. FEI Number: 65-0342931 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
P	Engelmajer, Francois	1725 N.W. 28 Street	Miami, Fl. 33142
VD	Prieto, Mario	1725 N.W. 28 Street	Miami, Fl. 33142
V	Segarra, Eduardo	1725 N.W. 28 Street	Miami, Fl. 33142
V	Leal, Cristina	1725 N.W. 28 Street	Miami, Fl. 33142
VST	Engelmajer, Manuela	1725 N.W. 28 Street	Miami, Fl. 33142

8. Name and Address of Current Registered Agent

Engelmajer, Francois
1725 NW 28 Street
Miami, Florida 33142

9. Name and Address of New Registered Agent

Name: Arnold Rockford, Esq.
Street Address (P.O. Box Number is Not Acceptable): 300 Sevilla Avenue
Suite, Apt #, Etc: Suite 216
City: Coral Gables State: FL Zip Code: 33134

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: [signature] REGISTERED AGENT MUST SIGN Date: 1/22/98

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [x] No [ ] (See other side for information on intangible tax.)

12. 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] MANUELA ENGELMAJER V.P. 01/22/98 (305)636-4286
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #