

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000070950**

1. Corporation Name

PHOTOS AND PHOTOS, INC.

Principal Place of Business

Mailing Address

2875 NE 191 ST
PH1
AVENTURA FL 33180
US

2875 NE 191 ST
PH1
AVENTURA FL 33180
US

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

2. New Principal Office Address, If Applicable
4000 WILLIAMS ISLAND BLVD.

3. New Mailing Office Address, If Applicable
4000 WILLIAMS ISLAND BLVD.

Suite, Apt. #, etc.
APT. 406

Suite, Apt. #, etc.
APT. 406

City & State
NORTH MIAMI BEACH, FL

City & State
NORTH MIAMI BEACH, FL

Zip
33160

Country
MIAMI-DADE

Zip
33160

Country
MIAMI-DADE

4. Date Incorporated or Qualified
To Do Business in Florida

10/07/1993

5. FEI Number

65-0447521

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPSTVP	SREDNI, MIRIAM	4000 WILLIAMS ISLAND BLVD. APT. 406	NORTH MIAMI BEACH, FL 33160
			100004716861--1 -12/10/01--01089--006 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

WHITE, NANCY
2875 NE 191 ST
PH1
AVENTURA FL 33180

9. Name and Address of New Registered Agent

Name
MIRIAM SREDNI
Street Address (P.O. Box Number is Not Acceptable)
4000 WILLIAMS ISLAND BLVD.
Suite, Apt. #, Etc.
APT. 406
City
NORTH MIAMI BEACH State **FL** Zip Code **33160**

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

Date

REGISTERED AGENT MUST SIGN

11. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #