

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION  
FOR  
REINSTATEMENT**



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

97 OCT 29 AM 8:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000083761**

1. Corporation Name

**EVENT PHOTOGRAPHY INTERNATIONAL, INC.**

Principal Place of Business

1177 SOUTH AMERICA WAY  
SUITE 200  
MIAMI FL 33132

Mailing Address

1177 SOUTH AMERICA WAY  
SUITE 200  
MIAMI FL 33132



**REINSTATEMENT 97**

10/30

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

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida 11/01/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 425-6032577	
City & State		City & State		APPLIED FOR Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	SOBELL, MICHAEL	1177 SOUTH AMERICA WAY, #200	MIAMI FL 33132
D	DAWSON, RICHARD	1177 SOUTH AMERICA WAY, #200	MIAMI FL 33132
D	LEE, TONEY	1177 SOUTH AMERICA WAY, #200	MIAMI FL 33132
			200002335222--0
			-10/31/97--01068--009
			****750.00 ****750.00

8. Name and Address of Current Registered Agent

SOBELL, MICHAEL  
1177 SOUTH AMERICA WAY  
SUITE 200  
MIAMI FL 33132

9. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, Etc.  
City State Zip Code  
FL

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

REGISTERED AGENT MUST SIGN

Date

10/25/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/28/97

305 594 8007

CR2E040 (8/97)