

2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR 10 PM 1:50

DOCUMENT # P96000002494

1. Entity Name
FRANCIS DESIGN AND PHOTOGRAPHY, INC.



Principal Place of Business
1001 W 49 ST
BAY #4
HIALEAH, FL 33012 US

Mailing Address
2104 WEST 62ND STREET
HIALEAH, FL 33016



03052009 REIN-P CR2E098 (1/07)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-0643597

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAPANES, LEONEL
106 UPMISTER BUILDING E
DEERFIELD, FL 33342

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LOPEZ, NILSA
STREET ADDRESS 4903 SW 168TH AVENUE
CITY-ST-ZIP MIRAMAR, FL 33027

TITLE ☐ Change ☐ Addition
NAME 300145421433
STREET ADDRESS 03/10/09--01030--007 **150.00
CITY-ST-ZIP

TITLE D ☐ Delete
NAME LOPEZ, LEONEL
STREET ADDRESS 15823 NW 15 CT
CITY-ST-ZIP PEMBROKE PINES, FL 33028

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME TAPANES, LEONEL
STREET ADDRESS 106 UPMISTER BUILDING E
CITY-ST-ZIP DEERFIELD, FL 33442

TITLE ☐ Change ☐ Addition
NAME 300145421433
STREET ADDRESS 03/10/09--01030--008 **150.00
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nilsa Lopez Nilsa Lopez 03/04/09 (25) 828 0554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #