APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT#

P96000053229

PICTURE PERFECT INTERNATIONAL, INC. Principal Place of Business Maltry Address 128 WASHINGTON AVENUE MANU BEACH FL 33139 US If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable Surle, Apt. #, etc. Surle, Apt. #, etc	DOCUMENT # P96000053229 1. Corporation Name							00 OCT 24 PM 3: 06			
Principal Place of Business Mailing Address 1218 WASHINGTON AVENUE MIAWAI BEACH FL 33139 US	PICTL	JRE PER	RFECT INTERN	NATIONAL, I	NC.						
US 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 Making Office Address, If Applicable 4. Date Incorporated or Qualified 4. Date Incorporated or Qualified 5. FEI Number 65-0675064 Applied For 65-0675064 Applied For 65-0675064 Applied For 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) 7. Names and Street Addresses of Each Officer and/or Director 7. Names and Address of Current Registered Agent 7. Names and Address of Street Address of Each Officer and/or Director 8. Name and Address of Street Address of Each Officer and/or Director 9. Name and Address of New Registered Agent Name 1100 W AVE MAMI BEACH FL 33139 8. Name and Address of New Registered Agent Name 1100 W AVE North Maylin Fronting 10. Louing 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 11. Louing high if the composition composition as provided for in chapter 607.0505, F.S. Signature of Registered agent of the above named corporation aments and fleet on the tropological in the requirements of section 607.0505, F.S. Signature of Registered agent of the above named corporation are accepted to the strops of the Collegation in the Agent Policy for 17.040, F.S. I further certify that when filling this reinstatement application, the reason for of discotion has been elemented to accept the requirements of section 607 of 17.761, F.S. I further certify that when filling this reinstatement application, the reason for of discotion has been elemented to accept the requirements of s						ess					
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City & State City & State City & State City & State Country C	Suite, Apt. #, etc.			Suite, Apt. #,	Suite, Apt. #, etc.			06/21/1996			
Zip Country Certificate of STATUS DESIRED COUNTRY CERTIFICATE OF STATUS DESIRED CONTINUE TO CERTIFICATE OF STATUS DESIRED CONTINUES OF STATUS DESIRE	City & State			City & State	City & State			65-0675064 Not Applicable			
Name and Address of Current Registered Agent	Zip Country			Zip	Zip Country			\$8./5 Additional Fee required			
Title(s) 2 and/or Directors 3 Officer and/or Director 4 City / State / Zip VTS GAUMOND, DENIS 1210 WASHINGTON AVE., SUITE 200 MIAMI BEACH FL P HALLOT, PATRICE 1100 W AVE MIAMI BEACH FL 33139 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent ** VEREBAY, LAYNÉ** 190 N.E. 1957H STREET #204 NORTH MIAMI PL 33179 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 ** 11. L cartify that I am an officer or director or the received for instee 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 feed owned by the corporate name statisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owned by the corporate name statisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owned by the corporate name statisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owned by the corporate name statisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owned by the corporate name statisfies the requirements of section 607.0401 or 617.0401, F.S., that all feed owned by the corporate name been paid and the names of individuals listed on this foreign on on the original or on the original original or on the original	7. Names	and Street Ad	dresses of Each Officer	and/or Director (Flor	rida nonprofi	it corporal	tions must list at lea	ast 3 directors)			
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SIGNATURE: SIGNATURE DECUIRED 10-12-00 305-674-1011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Deviting Phone #	SIGNA		SIGNATION OF THE STATE OF THE S	- v · / _ / _ / _ / _ / _ / _ / _ / _ / _ /		UIR CER OR D	RED IRECTOR				

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