

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P96000053229

1. Corporation Name

PICTURE PERFECT INTERNATIONAL, INC.

Principal Place of Business

1218 WASHINGTON AVENUE
MIAMI BEACH FL 33139
US

Mailing Address

1218 WASHINGTON AVENUE
MIAMI 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

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 00

4. Date Incorporated or Qualified To Do Business in Florida		06/21/1996
5. FEI Number	65-0675064	Applied For
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Not Applicable
		\$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
VTS	GAUMOND, DENIS	1210 WASHINGTON AVE., SUITE 200	MIAMI BEACH FL
P	HALLOT, PATRICE	1100 W AVE	MIAMI BEACH FL 33139

600003457676--3
-11/08/00--01079--013
****750.00 ****750.00

Brink

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

VEREBAY, LAYNE
190 N.E. 199TH STREET #204
NORTH MIAMI FL 33179

Name Layne Verebay
Street Address (P.O. Box Number is Not Acceptable)
888 SE 3rd Ave
Suite, Apt. #, Etc. 400
City Ft. Lauderdale
State FL Zip Code 33316

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 REQUIRED

Date

10-19-00

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-00

Date

305-674-1011

Daytime Phone #