

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000102847**

1. Corporation Name
Today's Images, Inc., a Pinecrest Location

99 MAR 31 PM 1:44

TALLAHASSEE, FLORIDA

Principal Place of Business: **9331 Martinique Drive, Miami, Florida 33189**
Mailing Address: **9331 Martinique Drive, Miami, Fla. 33189**

REINSTATEMENT 98991

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 Address, if Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: **12/4/97**

5. FEI Number: **65-0900433** 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 (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
President Director	Elvis Taylor	9331 Martinique Drive Miami, Florida 33189	Miami, Florida 33189
Vice Pres. Director	Steven D. Aguila	9331 Martinique Drive	Miami, Florida 33189
Treas. Director	Marisol Rivera	9331 Martinique Drive	Miami, Florida 33189

8. Name and Address of Current Registered Agent

**Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301**

9. Name and Address of New Registered Agent

Name: **David T. Azvin**
Street Address (P.O. Box Number is Not Acceptable): **100 S.E. 22 St., Suite 2600**
City: **Miami** State: **FL** Zip Code: **33131**

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]* REGISTERED AGENT MUST SIGN Date: **3/30/99**

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/30/99** Daytime Phone #: **(305) 772-0755**

CREATED BY: [illegible]

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ACCOUNT NO. : 072100000032
REFERENCE : 189424 118462A
AUTHORIZATION :
COST LIMIT : \$1900.00 *Project*

ORDER DATE : March 31, 1999
ORDER TIME : 11:02 AM
ORDER NO. : 189424-005
CUSTOMER NO: 118462A
CUSTOMER: David T. Azrin, Esq
David T. Azrin, P.a.
100 Se Second Street
Suite 2600
Miami, FL 33131

DOMESTIC FILINGS

*File
1st*

NAME: TODAY'S IMAGES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Robert Maxwell
EXAMINER'S INITIALS _____

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