

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 DEC -9 AM 8:21

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT #

1. Corporation Name

Pier 5 Photos, Inc

PG98000022764

2. Principal Office Address

555 NE 15 Street

Suite, Apt. #, etc.

102

City & State

Miami, FL

Zip

33132

Country

USA

3. Mailing Office Address

555 NE 15 Street

Suite, Apt. #, etc.

102

City & State

Miami, FL

Zip

33132

Country

USA

**REINSTATEMENT** 02-03

4. Date Incorporated or Qualified  
To Do Business in Florida

03/09/1998

5. FEI Number

650823588

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sofge, Charles

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

555 NE 15 Street

Suite, Apt. #, Etc.

102

City

Miami

State  
FL

Zip Code  
33132

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12-3-2003

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Sofge, Charles	114 SW San Marino Drive	Miami, FL 33132
DV	Sofge, Flora	14708 Stirrup Lane	Wellington, FL 33414

10. 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]* Charles E Sofge President

Date

Dec 3 2003

Daytime Phone #

786-402-0910

CR2E081 (10/02)