
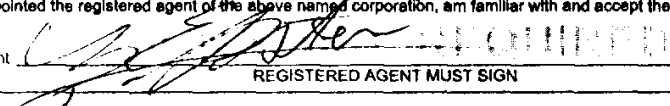



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 OCT 15 AM 11:09	
<b>DOCUMENT # P98000043275</b>					
1. Corporation Name <b>INTERNATIONAL CAMERA AND GALLERY INC.</b>					
Principal Place of Business 9252 PALM TREE DR WINDERMERE FL 34786		Mailing Address 9252 PALM TREE DR WINDERMERE FL 34786			
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable <b>5627 International Dr.</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>5627 International Dr.</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>05/11/1998</b>	
City & State <b>Orlando, Florida</b> Zip <b>32719</b> Country <b>USA</b>		City & State <b>Orlando, Florida</b> Zip <b>32819</b> Country <b>USA</b>		5. FEI Number <b>59-000043275</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$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)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Pres/Dir.	Israel Epstein	9252 Palm Tree Drive	Windermere, Fl. 34786		
VP/S/Dir.	David YiFrach	8017 Citron Ct.	Orlando, Fl. 32819		
8. Name and Address of Current Registered Agent <b>EPSTEIN, ISRAEL</b> <b>9252 PALM TREE DR</b> <b>WINDERMERE FL 34786</b>			9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>5627 International Drive</b> Suite, Apt. #, Etc. City <b>Orlando</b> State <b>FL</b> Zip Code <b>32819</b>		
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  Date <b>10/14/99</b> 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: 			10/14/99 (407) 355-0355 Date Daytime Phone #		