

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

APPROVED
AND
FILED

00 JAN -3 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000101653

1. Corporation Name

R & R PHOTO STUDIO, INC.

Principal Place of Business

Mailing Address

10920 W FLAGLER ST STE 202
MIAMI FL 33174

10920 W FLAGLER ST STE 202
MIAMI FL 33174



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

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0881485

Not Applicable

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED

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
1	2	3	4
PD	DE VILLEGAS, ROBERTO D	10920 W FLAGLER ST STE 202	MIAMI FL 33174
VD	BORGES, FERNANDO	501 NW 57 AVENUE, #48	MIAMI FL 33174

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LACERDA, ROBERTO

10920 W FLAGLER ST STE 202
MIAMI FL 33174

Name

ROBERTO D De Villegas

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

10920 W Flagler St

Suite, Apt. #, Etc.

Suite 202

City

Miami

State

FL

Zip Code

33174

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)

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

12/15/99

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 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

ROBERTO D De Villegas

12/15/99 (305) 4807677

Date

Daytime Phone #