

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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08/21/03--01042--017 **1200.00

REINSTATEMENT

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P99000064997			
1. Corporation Name Newsport Photography, Inc.			
2. Principal Office Address 7290 SW 48th Street		3. Mailing Office Address 601 Brickell Key Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 805	
City & State Miami, FL		City & State Miami, FL	
Zip 33155	Country USA	Zip 33131	Country USA

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 65-0938374	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name Allen & Galego	
Street Address (P.O. Box Number is Not Acceptable) 601 Brickell Key Drive,	
Suite, Apt. #, Etc. Suite 805	
City Miami	State FL
Zip Code 33131	

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	By: Robert N. Allen, Jr., President Date 8-12-03
REGISTERED AGENT MUST SIGN	

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
P	Dan Helms	7290 SW 48th Street	Miami, FL 33155
V/CFO	David Madison	7290 SW 48th Street	Miami, FL 33155
V/S	Rick Rickman	7290 SW 48th Street	Miami, FL 33155
VV	Al Tielemans	7290 SW 48th Street	Miami, FL 33155
V	Simon Bruty	7290 SW 48th Street	Miami, FL 33155
SS	Robert N. Allen, Jr.	601 Brickell Key Dr., #805	Miami, FL 33131

10. I certify that I am an officer or director of 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: Robert N. Allen, Jr.		8-12-03	305-372-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E081 (10/02)