

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR -7 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000086540

1. Corporation Name

Before & After Photo, Inc.

2. Principal Office Address

19241 SW 121 Avenue

Suite, Apt. #, etc.

3. Mailing Office Address

19241 SW 121 Avenue

Suite, Apt. #, etc.

City & State

Miami, Florida

City & State

Miami, Florida

Zip

33177

Country

USA

Zip

33177

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/30/99

5. FEI Number

52-2194406

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

Marcin Salas

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

19241 SW 121 Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33177

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

Date

3-6-03

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/N/S/T	Marcin, Salas	19241 SW 121 Ave	Miami, FL 33177

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-6-03

Date

(786) 306-3861

Daytime Phone #

CR2E081 (10/02)

Miami, Florida
March 6, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: P99000086540
BEFORE & AFTER PHOTO, INC.
19241 SW 121 AVENUE
MIAMI, FL 33177

To Whom It May Concern:

Upon our conversation I'm enclosing the Corporation Reinstatement form due to the fact that I have not received any previous notices.

As per your request I'm enclosing the report with the \$300.00 fee that includes 2002 and 2003 fee, and requesting to your office waive the penalties incurred in this situation.

Thank you for your help and I hope that this can solve this matter and avoid further penalties.

Respectfully,



MARCIA SALES
PRESIDENT