

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

**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

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

100014415171  
03/20/03--01067--007 \*\*308.75  
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

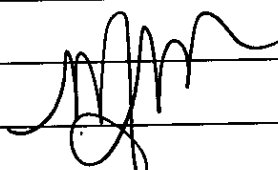
**7. Name and Address of Current Registered Agent**

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/M/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: Date 3-6-03 (786) 306-3867 Daytime Phone #

CR2E081 (10/02)

*2003*

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

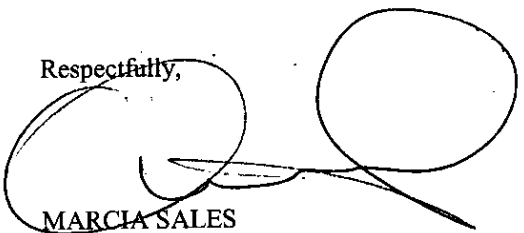
To Whom It May Concern:

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