

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 APR 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 516776

1. Corporation Name

WATT PHOTOGRAPHICS, INC.

2. Principal Office Address, No. P.O. Box #

426 NE 102 STREET 426 NE 102 STREET

Suite And # etc.

Suite And # etc.

City & State

MIAMI SHORES, FL

City & State

MIAMI SHORES FL

33138

33138

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/1990

65-0236915

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

Barry S. Mitzelberg, Esq.
1700 W. UNIVERSITY DR #110
CORAL SPRINGS, FL 33071

State
FL

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Barry S. Mitzelberg

REGISTERED AGENT MUST SIGN

Date 3/31/07

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
D	JOHN WATT	426 NE 102 STREET	MIAMI SHORES FL
			33138

REINSTATEMENT 92-07

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 contained in Chapter 119, 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:

J Watt

JOHN WATT

3/29/07

305 758 1959