

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



DOCUMENT # **S86663**

1. Corporation Name
L & R PHOTOLAB, INC.

Principal Place of Business Mailing Address
3975 S.W. 60TH AVE. MIAMI FL 33155 **3975 S.W. 60TH AVE. MIAMI FL 33155**

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 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10/11/1991 | |
| City & State | | City & State | | 5. FEI Number | |
| Zip | | Country | | 65-0289244 | |
| | | | | Applied For | |
| | | | | Not Applicable | |
| | | | | 6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status | |

| 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) | | | |
|---|--------------------------------------|---|---|
| 1. Title(s) | 2. Name of Officers and/or Directors | 3. Street Address of Each Officer and/or Director | 4. City / State / Zip |
| CSD | BLANCO, RAUL M | 3773 SW 40 ST | MIAMI FL 33146 |
| PTD | BLANCO, ALIDA R | 3773 SW 40TH ST | MIAMI FL 33146 |
| | | | 400003035594--1 -11/04/99--01095--007 ****600.00 ****600.00 |
| REINSTATEMENT <i>09</i> TS | | | |

| | | | |
|---|--|--|----------|
| 8. Name and Address of Current Registered Agent | | 9. Name and Address of New Registered Agent | |
| BLANCO, RAUL 3975 S.W. 60TH AVE. MIAMI FL 33155 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, Etc. | |
| | | City | |
| | | State | Zip Code |
| | | FL | |

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]* **REQUIRED** Date **10-18-99**
REGISTERED AGENT MUST SIGN

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *[Signature]* **REQUIRED** Date **10-18-99** Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/18/99 90007 030 150100

FILED
99 OCT 22 AM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2540 (8-99)