PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
02 JUN 10 PM 4:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # 747597

1. Corporation Name

Florida Professional Photographers, Inc.

2. Principal Office Address	3. Mailing Office Address
13424 White Cypress Rd	13424 White Cypress Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Astatula, FL	City & State: Astatula, FL
Zip: 34705 Country: US	Zip: 34705 Country: US

4. Date Incorporated or Qualified To Do Business in Florida: 6/12/79

5. FEI Number: 59-1172038 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name: Teri Crownover

297.50-Adm
6.25-AR
8.75-Cert

Street Address (P.O. Box Number is Not Acceptable): 13424 White Cypress Road

Suite, Apt. #, Etc.:

City: Astatula | State: FL | Zip Code: 34705

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: Teri Crownover Date: 6/4/02
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	Tom Willhoite	213 Haverford Ct	DeBary, FL 32713
VP	Terry Allison	8480 55th St N	Pinellas Park, FL 33781
S/T	Judy Fish	2464 Markingham Rd	Maitland, FL 32751
D	Eric Newhall	305 N. Main St	Havana, FL 32333
D	Al Gordon	4301 32nd St W #C-21	Bradenton, FL 34205-2748
D	L. Kim Warmolts	997 Appaloosa Rd	Tarpon Springs, FL 34689

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: Judy Fish Judy Fish 6/5/02 407-895-3554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #