

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

192

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

06 SEP 26 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000001305

1. Corporation Name

Ron Kunzman Photography, Inc.

REINSTATEMENT 03-06

2. Principal Office Address

1385 Tall Maple Loop

Suite, Apt. #, etc.

3. Mailing Office Address

1385 Tall Maple Loop

Suite, Apt. #, etc.

City & State

Oviedo, FL

City & State

Oviedo, FL

Zip

32765

Country

Zip

32765

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

1-5-98

5. FEI Number

59-3484722

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

Ronald W. Kunzman

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

1385 Tall Maple Loop

Suite, Apt. #, Etc.

City

Oviedo

State

FL

Zip Code

32765

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

Ronald W. Kunzman

Date 9.25.06.

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
PSTD	Ronald W. Kunzman	1385 Tall Maple Loop	Oviedo, FL 32765

300080686753
10/10/06--01056--024 **600.00

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:

Ronald W. Kunzman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9.25.06.

Date

407-619-0073

Daytime Phone #

2023 Prof and ff

292

August 8, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE : Corporation Reinstatement
DC#: P98000001305

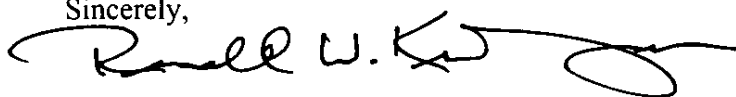
To Whom It May Concern:

I am requesting a waiver of additional fees and penalties for 2003, 2004, 2005, 2006 for the Annual Florida Uniform Business Report. A post card notification was not received.

I am enclosing the required form and check for \$600.00 with this letter to reinstate Ron Kunzman Photography, Inc.

Thank you for your help in this matter.

Sincerely,



Ronald W. Kunzman

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