


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG -6 PM 2:19

CORPORATION REINSTATEMENT



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

DOCUMENT # P99000073800e
1. Corporation Name
The Photo Shop, Inc.

100004547481--3
-08/21/01--01072--011
****900.00 ****900.00

2. Principal Office Address: **5260 W. Irlo Bronson Hwy.**
3. Mailing Office Address: **5260 W. Irlo Bronson Hwy.**

City & State: **Kissimmee, FL**

Zip: **34746-5349** Country: **USA**

REINSTATEMENT 00-01

4. Date incorporated or Qualified To Do Business in Florida: **8/13/99**

5. FEI Number: **59-3598007**

6. CERTIFICATE OF STATUS DESIRED

7. Name and Address of Current Registered Agent

Name: **Jody Mendelson**

Street Address (P.O. Box Number is Not Acceptable): **5501 Bay Side Dr.**

City: **Orlando** State: **FL** Zip Code: **32819**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: **Jody** Date: **8-1-01**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Jody Mendelson	5501 Bay Side Dr.	Orlando, FL 32819
VP	Manny Kapelner	5016 Belvin Ct.	Orlando, FL 32821

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)(b), 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: **Jody** Date: **8-1-01** Daytime Phone #: **407-397-0090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORIGINAL FILED