

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

02 DEC 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000073806**

1. Corporation Name  
**THE PHOTO SHOP, INC.**

Principal Place of Business 5260 W. IRLO BRONSON HWY KISSIMEE FL 34746-5349	Mailing Address 5260 W. IRLO BRONSON HWY KISSIMEE FL 34746-5349
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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 <b>08/13/1999</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. FEI Number <b>59-3598607</b>
City & State	City & State	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$6.75 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
-P	MENDELSON, JODY	5501 BAYSIDE DR	ORLANDO FL 32819
VP	KAPELNER, MANNY	5016 BELVIN CT	ORLANDO FL 32821

000009493498  
12/12/02--01108--001 \*\*150.00

8. Name and Address of Current Registered Agent <b>MENDELSON, JODY 5501 BAYSIDE DR ORLANDO FL 32819</b>	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code
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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. or 617.0505, F.S.

Signature of Registered Agent \_\_\_\_\_ Date \_\_\_\_\_  
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: \_\_\_\_\_ Date **12-11-02**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Cayman Phone # \_\_\_\_\_

CR22040 (6/02)

12/13

**THE PHOTO SHOP INC.**

12/11/02

Department of State  
Division of Corporations  
409 East Gaines St.  
Tallahassee, Fl 32399

Dear Sir or Madam:

Attached a check for \$150.00 for reinstatement. We undertand that the regular fee for reistatement is \$750.00 however, we never received the reinstatement notice to pay the annual fee, this is the second time this happens, if you can see in our file 2 years ago we didn't receive the notification for payment either and we had to pay \$900.00

Please accept this check without the penalty charges, and from now on we will be more aware that if we haven't received your notification by January, we'll make sure to request it from your office.

If you have any questions or concerns, feel free to contact me at:  
(407) 390-0222.

Sincerely,



Manny Kapelner  
Vice-President