

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 440008

1. Corporation Name

PHOTO CENTER OF ST. ARMANDS, INC.

Principal Place of Business

Mailing Address

#3 SOUTH BLVD OF PRESIDENTS  
SARASOTA FL 34236

5511 DINAH WAY  
SARASOTA FL 34231  
US

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/16/1973

5. FEI Number

59-1658641

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	PAINTER-JOHNSON, ELISABETH	5511 DINAH WAY	SARASOTA FL 34231

700004669177-3  
-11/06/01--01061--022  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

REGEN, EZRA J.  
2063 MAIN STREET  
SARASOTA FL 34237

Name

WILLIAM H. BEHRENFELD

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

1800 SECOND STREET, SUITE 790

Suite, Apt. #, Etc.

SUITE 790

City

SARASOTA

State

FL

Zip Code

34236

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

WILLIAM H. BEHRENFELD  
REGISTERED AGENT MUST SIGN

Date October 17, 2001

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:

Elisabeth A. Painter-Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/13/01  
Date

941-388-2074  
Daytime Phone #

CR2E040 (8/01)