

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 30 PM 12:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT# F00000006841

1. Corporation Name

PHOTOBITION FLORIDA, INC.

Principal Place of Business

505 SOUTH LAKE DESTINY ROAD
ORLANDO FL 32810-6249

Mailing Address

505 SOUTH LAKE DESTINY ROAD
ORLANDO FL 32810-6249

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

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

12/06/2000

5. FEI Number

59-3671631

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	GRUNDNER, STEVE	680 14TH ST NW	ATLANTA GA
G	GILBERT, RONALD D	680 14TH ST NW	ATLANTA GA
CD	MARCHBANKS, JET	132 WEST 31ST STREET 17TH FL	NEW YORK NY
D	SMITH, STEVEN	132 WEST 31ST STREET 17TH FL	NEW YORK NY
P/D	DOMENICK, PRASANT	132 WEST 31ST STREET NEW YORK, NEW YORK	New York NY 10001
S/D	IAN SHARPE	132 WEST 31ST STREET	New York NY 10001

8. Name and Address of Current Registered Agent

SECRETARY
~~HIDDLESTONE, DAN~~
505 LAKE DESTINY DR.
ORLANDO FL 32810

IAN SHARPE

9. Name and Address of New Registered Agent

Name

SECRETARY

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

Suite, Apt. #, Etc.

City

200008693112

10/30/02--01028--00, State & Zip Code's

FL

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/23/02

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)(f), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/02

Date

732 310 7562

Daytime Phone #

CR2E040 (8/02)