

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**DOCUMENT #** F93000003322

**1. Corporation Name**

FOX PHOTO, INC.

**2. Principal Office Address**

4955 MARCONI DRIVE

Suite, Apt. #, etc.

City & State

ALPHARETTA, GA

Zip

30005

Country

USA

**3. Mailing Office Address**

4955 MARCONI DRIVE

Suite, Apt. #, etc.

City & State

ALPHARETTA, GA

Zip

30005

Country

USA

FILED

00 MAY 16 PM 3:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

**4. Date Incorporated or Qualified  
To Do Business in Florida**

JULY 20, 1993

**5. FEI Number**

01-0421712

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

CORPORATION SERVICE COMPANY

400003265484--6

05/24/00-01075-025

\*\*\*\*750.00 \*\*\*\*750.00

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

1201 HAYS STREET

Suite, Apt. #, Etc.

City

TALLAHASSEE

State  
**FL**

Zip Code

32301-2525

**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

*Deborah D. Skipper*

**Deborah D. Skipper**  
as its agent

Date 5-15-00

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

PLEASE SEE ATTACHED LIST

400003265484--6

05/24/00-01075-026

\*\*\*\*150.00 \*\*\*\*150.00

**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 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:**

*Stephen M. Lamaster*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2-24-00

Daytime Phone #

678.297.9653

CR2E081 (9/99)

**FOX PHOTO, INC.  
OFFICERS AND DIRECTORS**

<b>Name</b>	<b>Office Held</b>	<b>Director</b>	<b>Address</b>
Charles R. Wolf	President	Yes	1955 Marconi Drive Alpharetta, GA 30005
William V. Fletcher, Jr.	Vice President	Yes	1955 Marconi Drive Alpharetta, GA 30005
Sheldon Zimmerman	Treasurer	Yes	1955 Marconi Drive Alpharetta, GA 30005
Stephen M. LaMastra	Secretary	Yes	1955 Marconi Drive Alpharetta, GA 30005