

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

02 JUN 18 AM 11:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/20/02--01019--010
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DOCUMENT # H93038

1. Corporation Name

PHOTO DESIGN, INC.

2. Principal Office Address

5340 N. Federal Hwy.

Suite, Apt. #, etc.

205

City & State

Lighthouse Pt., FL

Zip

33064

Country

U.S.

3. Mailing Office Address

5340 N. Federal Hwy.

Suite, Apt. #, etc.

205

City & State

Lighthouse Pt., FL

Zip

33064

Country

U.S.

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

5. FEI Number

592641031

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

Michelle C. Frigola, Esq.

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

5340 North Federal Highway

Suite, Apt. #, Etc.

Suite 104

City

Lighthouse Point

State

FL

Zip Code

33064

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 4/19/02

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
PD	Jack W. Ottinger	5340 North Federal Hwy. Suite 205	Lighthouse Pt. FL 33064
STD	Deborah D. Ottinger	5340 North Federal Hwy. Suite 205	Lighthouse Pt. FL 33064

REINSTATEMENT 95-02

T. Lewis 6/20/02

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:

Jack W. Ottinger, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

April 29, 2002 (754) 427-5488

Daytime Phone #