PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY COMPANY								FILED 10 MAR 19 PM 3: 43			
DOCUMENT # L07000081255 1. Corporation Name								SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Caroline Johnson Photography, UUC									~~		
1225 N Orange Avenue 1225 N				Office Address I Orange Avenue			02/1 <i>03/1</i>	02/02/1001040008 **300.00 03/02/1001040008 **300.00 03/07/00-01037013 #216.25			
Suite, Apt. #. Suite, Apt. # Suite B Suite B				, etc.			4 Date loc	4. Date Incorporated or Qualified			
City & State City & S							—	To Do Business in Florida 9/6/07 5. FEI Number Applied For			
Orlando Zip Country			Orlando)	Coun	tru		74-3229760		Not Applicable	
32804	,	USA	32804		USA	•	6. CERTIFICA	CERTIFICATE OF STATUS DESIRED TO STATE A		uitional Fee required entificate of Status	
7. Name and Address of Current Registered Agent											
Name Caroline A. Johnson							The reinstatement fee is imposed, except in circumstances which the entity did not receive				
Street Address (P.O. Box Number is Not Acceptable) 1225 N Orange Avenue							the p	the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
Suite, Apt. #, Etc											
Suite B City Orlando					State Zip Code FL 32804						
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 o Registered		andie f		Date	2/30/0	9					
9. Names	s and Street A	ddresses of Each Officer ar	d/or Director (Flo	orlda nonpro	fit corpo	prations must list a	t least 3 directors)				
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			ach tor		City / State / Zip		
Marm	Caroline A. Johnson			1225 N Orange Avenue Sui			Suite B	ite B Orlando FL 32804			
							<u> </u>			JВ	
	PENT 2008-10										
10. E-mail Address: caroline@cjphotographer.com											
I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under path.											
Signature o		(and	lie 1	Olur		Date		Daytime Phone #			
Typed or printed name of signing Managing Member/Managed											

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SECRETARY OF STATE
ALLAHASSEE. FLORIDA

FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2010

CAROLINE JOHNSON PHOTOGRAPHY, LLC 1225 N ORANGE AVENUE SUITE B ORLANDO, FL 32804

SUBJECT: CAROLINE JOHNSON PHOTOGRAPHY, LLC

Ref. Number: L07000081255

We have received your document for CAROLINE JOHNSON PHOTOGRAPHY, LLC and your check(s) totaling \$300.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2010;and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$516.25.

We need an additional check for \$216.25

The document must contain the name, title, and business address of each managing member or manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 610A00003433