

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P00000023331

1. Corporation Name

PALM BEACH PHOTOMONTAGE, INC.

FILED

02 APR 30 AM 10:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

8885 BAHAMA CIR.
HOBE SOUND FL 33455

Mailing Address

8885 BAHAMA CIR.
HOBE SOUND FL 33455



REINSTATEMENT 01-02

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

02/28/2000

5. FEI Number

EIN 65-1018897

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
PRES	GALEN T. BARKER	8885 SE BAHAMA CIR.	HOBE SOUND, FL 33455
TREAS	MARION BARKER	8885 SE BAHAMA CIR.	HOBE SOUND, FL 33455
VP			
SEC			

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-05/14/02--01011--006
*****900.00 *****900.00

8. Name and Address of Current Registered Agent

INGRAM, WILLIAM T SR
11120 S.E. FEDERAL HWY.
HOBE SOUND FL

9. Name and Address of New Registered Agent

Name

GALEN T. BARKER

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

8885 SE BAHAMA CIRCLE

Suite, Apt. #, Etc.

City

HOBE SOUND

State

FL

Zip Code

33455

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

Galen T. Barker
REGISTERED AGENT MUST SIGN

Date

4/18/2002

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Galen T. Barker GALEN T. BARKER 4/18/2002 561 622-4949

CR2E040 (8/01)