

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT -4 PM 2:28

DOCUMENT # P00000023656

1. Corporation Name

PHOTOS BY IKE, INC.

2. Principal Office Address

1515 NW 181ST STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1515 NW 181ST STREET

Suite, Apt. #, etc.

City & State

MIAMI, FL

Zip
33169

Country
US

City & State

MIAMI, FL

Zip
33169

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida

3-01-00

5. FEI Number

65-0997309

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

ISAAC H. WOODS

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

1515 NW 181ST STREET

Suite, Apt. #, Etc.

City

MIAMI

State
FL

Zip Code
33169

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

REGISTERED AGENT MUST SIGN

Date 10/2/01

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
P	ISAAC H. WOODS	1515 NW 181 ST STREET	MIAMI, FL 33169

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/02/01
Date

305-621-6475
Daytime Phone #

CR2E061 (9/00)

Form **SS-4**(Rev. April 2000)
Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

► Keep a copy for your records.

EIN

OMB No. 1545-0003

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) PHOTOS BY IKE, INC.	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name ISAAC H. WOODS
	4a Mailing address (street address) (room, apt., or suite no.) 1515 NW 181st STREET	5a Business address (if different from address on lines 4a and 4b) SAME
	4b City, state, and ZIP code MIAMI, FL 33169	5b City, state, and ZIP code
	6 County and state where principal business is located DADE, FLORIDA	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ► ISAAC H. WOODS - 261-96-0175	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- | | |
|---|--|
| <input type="checkbox"/> Sole proprietor (SSN) | <input type="checkbox"/> Estate (SSN of decedent) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Plan administrator (SSN) |
| <input checked="" type="checkbox"/> REMIC | <input checked="" type="checkbox"/> Other corporation (specify) ► PHOTOGRAPHY / VIDEO SERVICE |
| <input type="checkbox"/> State/local government | <input type="checkbox"/> Trust |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military |
| <input type="checkbox"/> Other nonprofit organization (specify) ► | (enter GEN if applicable) ► |
| <input type="checkbox"/> Other (specify) ► | |

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State **FLORIDA**

Foreign country

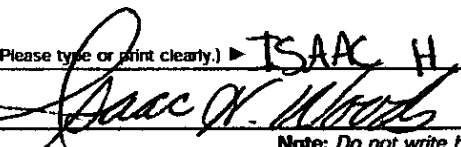
- | | |
|---|--|
| 9 Reason for applying (Check only one box.) (see instructions) | <input type="checkbox"/> Banking purpose (specify purpose) ► |
| <input type="checkbox"/> Started new business (specify type) ► | <input checked="" type="checkbox"/> Changed type of organization (specify new type) ► C Corporation |
| | <input type="checkbox"/> Purchased going business |
| <input type="checkbox"/> Hired employees (Check the box and see line 12.) | <input type="checkbox"/> Created a trust (specify type) ► |
| <input type="checkbox"/> Created a pension plan (specify type) ► | <input type="checkbox"/> Other (specify) ► |

10 Date business started or acquired (month, day, year) (see instructions)
3-01-0011 Closing month of accounting year (see instructions)
DECEMBER12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) ► **11/2/01**13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (see instructions) ► **3**14 Principal activity (see instructions) ► **PHOTOGRAPHER / VIDEO SERVICE**15 Is the principal business activity manufacturing? ☐ Yes ☒ No
If "Yes," principal product and raw material used ►16 To whom are most of the products or services sold? Please check one box. ☐ Business (wholesale), ☒ Public (retail), ☐ Other (specify) ► ☐ N/A17a Has the applicant ever applied for an employer identification number for this or any other business? ☐ Yes ☒ No
Note: If "Yes," please complete lines 17b and 17c.17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ► Trade name ►17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (mo., day, year) City and state where filed Previous EIN

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ► **ISAAC H. WOODS**

Signature

Date ► **10/2/01**

Note: Do not write below this line. For official use only.

Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
----------------------	------	------	-------	------	---------------------

October 1, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Division of Corporations,

REINSTATEMENT

I was informed today that the address on file with the Division of Corporations for my corporation was incorrect. Because of this I did not receive a Uniform Business Report, which caused my business to be dissolved by the administration. I was also informed to complete the Reinstatement form and mail it back along with a check for \$150. I am sending the check for \$150 along with \$8.75 for a Certificate of Status. Thank you for your cooperation in this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Isaac H. Woods", written over a horizontal line.

Isaac H. Woods
President
Photos By Ike

1515 NW 181ST STREET
MIAMI, FL 33169