


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000061887 1. Entity Name SCHOOL IMAGES, INC.						FILED 06 FEB -9 PM 4:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 6331 39 STREET N #140 PINELLAS PARK, FL 33781				Mailing Address PO BOX 3260 SEMINOLE, FL 33775			
2. Principal Place of Business 6331 39th St. N. #140 Suite, Apt. #, etc.				3. Mailing Address PO BOX 3260 Suite, Apt. #, etc.			
City & State Pinellas Park, FL				City & State Seminole, FL			
Zip 33781		Country		Zip 33775		Country	
6. Name and Address of Current Registered Agent WOLF, STEVE 6331 39 STREET NORTH UNIT 140 PINELLAS PARK, FL 33781				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE <u>Steven Wolf</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				DATE <u>2/7/06</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$900.00							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC DASSETT, DIANE C 6331 39 STREET UNIT 140 PINELLAS PARK, FL 33781			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000065819120 02/14/06--01022--012 **900.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WOLF, STEVEN C PO BOX 3260 SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR WOLF, STEVEN C PO BOX 3260 SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES WOLF, STEVEN C PO BOX 3260 SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE WOLF, STEVEN C PO BOX 3260 SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES WOLF, STEVEN C PO BOX 3260 SEMINOLE, FL 33775			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u>Diane C. Dasset</u> - Diane C. Dasset 2/7/06 727-528-0678 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							