

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN -3 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000063029

1. Corporation Name

Andrew Claridge On The Spot Photography, Inc.

Handwritten signature/initials

2. Principal Office Address - No P.O. Box #

9290 NW 9th Ct.

3. Mailing Office Address

12717 W. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#279

City & State

Plantation, FL.

City & State

Sunrise, FL.

Zip

33324

Country

USA

Zip

33323

Country

USA

REINSTATEMENT

02-07

4. Date Incorporated or Qualified
To Do Business in Florida

6/22/01

5. FEI Number

65-1116600

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

William Andrew Claridge

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

9290 NW 9th Ct.

Suite, Apt. #, Etc.

City
Plantation

State

FL

Zip Code

33324

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Handwritten signature of William Andrew Claridge

Date 12/04/2007

REGISTERED AGENT MUST SIGN

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
President	William Andrew Claridge	9290 NW 9th Court	Plantation, FL. 33324

700113646797
01/03/08--01044--018 **1500.00

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 contained in Chapter 119, 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:

Handwritten signature of William Andrew Claridge

William Andrew Claridge 12/04/2007

(954) 682-0759

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #