PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	FILED 03 JAN -2 AM 11:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # *PD100007b601*

1. Corporation Name
DIGITAL EVENT PHOTOGRAPHY, INC.

2000097950B2
01/03/03--01009--004 **750.00
REINSTATED 02

2. Principal Office Address	**3.** Mailing Office Address	
16100 GOLF CLUB Rd.	16100 GOLF CLUB Rd.	**4.** Date Incorporated or Qualified To Do Business in Florida 7/2001
Suite, Apt. #, etc. APT. 305	Suite, Apt. #, etc. APT. 305	
City & State WESTON, FL.	City & State WESTON, FL.	**5.** FEI Number 65-1128081 ☐ Applied For ☐ Not Applicable
Zip 33326 / Country US	Zip 33326 / Country US.	**6.** CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name RAYMOND S. NODELL

Street Address (P.O. Box Number is Not Acceptable)
16100 GOLF CLUB ROAD, APT. 305

Suite, Apt. #, Etc.

City WESTON	State FL	Zip Code 33326

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 _____   Date 12-30-02

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
PRES/DIR.	RAYMOND S. NODELL	16100 GOLF CLUB Rd., #305	WESTON, FL. 33326

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: _____   12-30-02   (954) 741-5459

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #