

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2006 SEP 29 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000080826**

1. Corporation Name

CALDWELL PHOTOGRAPHIC INC

WDB-41547

2. Principal Office Address

1835 HALLANDALE BCH, BLVD

Suite, Apt. #, etc.

489

City & State

HALLANDALE, FL

Zip

33009

Country

USA

3. Mailing Office Address

209 HIGH ST.

Suite, Apt. #, etc.

City & State

PETERSBURG, VA

Zip

23803

Country

USA

REINSTATEMENT

02-06

4. Date Incorporated or Qualified
To Do Business in Florida

MAY 2001

5. FEI Number

65-1158608

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

JOSEPH E. GORTYCH, ESQ.

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

7791 ALISTER MACKENZIE DR.

Suite, Apt. #, Etc.

City

SARASOTA

State

FL

Zip Code

34240

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

Joseph E. Gortych

Date **9/27/06**

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
P	J. BRIAN CALDWELL	209 HIGH ST.	PETERSBURG, VA 23803

700080309457
09/29/06--01055--013 **1358.75

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: *J. Brian Caldwell* **9/26/2006** **954-401-8263**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

↑
Original signature

1013aw