

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 13 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000009415

1. Corporation Name

SPURLIN PHOTOGRAPHY INC.

Principal Place of Business

Mailing Address

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

01/11/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

75-306-1123

Not Applicable

Zip

Country

Zip

Country

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	SPURLIN, BLAKE	1642 E. ATLANTIC BLVD	POMPANO BEACH FL 33060

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

BLAKE SPURLIN

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

1642 E. ATLANTIC BLVD

Suite, Apt. #, Etc.

City

POMPANO BEACH

State

FL

Zip Code

33060

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

9/29/03

11. 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/29/03

Daytime Phone #

954 587 9569

CR2E040 (7/03)

Attachment

Spurlin Photography Inc.
1642 E. Atlantic Blvd
Pompano Beach Fl 33060
954-587-9569

90156565
PO2000009415

Dear Sirs:

Early this year we moved from 2631 SW 19th to our new address. At that same time my Grandfather passed away. We did not receive the report form and with family passing through our home we did not think to look up a UBR. It was just this week that a friend of mine was filling his out and I was floored because I knew we had not done ours.

Please accept this \$150 as our payment for the year. Please change our address to the above address, we will be happy to pay the day we receive the UBR next year.

Thanks for your understanding,

Best regards,

Blake Spurlin

