FILED

03 DEC 22 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mailed on
11/24/03

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION FOR REINSTATEMENT

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

DOCUMENT # P02000067373

1. Corporation Name

LEGACYPHOTOALBUMS.COM, INC.

Principal Place of Business	Mailing Address
825 U.S. HIGHWAY 1 SUITE 340 JUPITER FL 33477	825 U.S. HIGHWAY 1 SUITE 340 JUPITER FL 33477

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

REINSTATEMENT 03
12/01/03 01073 018 $ 758.75

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 06/19/2002

5. FEI Number: 04-3687868 — Applied For / Not Applica

6. CERTIFICATE OF STATUS DESIRED ☒ — $8.75 Additional Fee Req for a Certificate of Stat

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
PSTD	KLAINE, MARK A	825 U.S. HIGHWAY 1 SUITE 340	JUPITER FL 33477

11/24

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

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 _____ Date _____
REGISTERED AGENT MUST SIGN

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: _____ 10/15/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

MARK A. KLAINE

Daytime Phone

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BUSINESS REAL ESTATE