

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # **P02000067401**

1. Corporation Name

**ADVENTURE PHOTOS, INC.**

Principal Place of Business

1412 SOUTHWEST 82ND AVENUE  
NORTH LAUDERDALE FL 33068

Mailing Address

1412 SOUTHWEST 82ND AVENUE  
NORTH LAUDERDALE FL 33068

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/19/2002**

5. FEI Number

**52-237-0702**

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	JONES, EUGENE	1412 SOUTHWEST 82ND AVENUE	NORTH LAUDERDALE FL 33068

**700023870447**

**10/17/03--01022--004 \*\*150.00**

8. Name and Address of Current Registered Agent

**JONES, EUGENE**  
**1412 SOUTHWEST 82ND AVENUE**  
**NORTH LAUDERDALE FL 33068**

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

*Eugene Jones* (P)  
REGISTERED AGENT MUST SIGN

Date **Oct. 11, 2003**

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:

*Eugene Jones* - **EUGENE JONES (P)** 10-11-03 954-7228648  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (7/03)

*Adventure Photo, Inc*

1412 Southwest 82nd Avenue  
North Lauderdale, Florida 33068  
954-721-7127

October 11, 2003

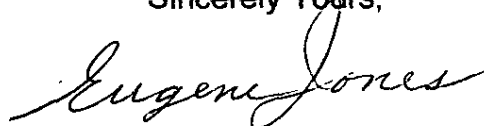
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, FL 32314-6327

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Dear Mr./Madam:

I did not receive your letter saying, I need to correct my Uniform Business Report. I am enclosing a check in the amount of \$150.00. Please wave the late fee and the reinstatement fee, because I did not receive the original UBR mailing.

Sincerely Yours,



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Eugene Jones  
President, Adventure Photo, Inc