

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2007 MAR 23 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name

P02000078109
Susan Stripling photography, inc.

2. Principal Office Address - No P.O. Box #

1124 N Monroe St

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tallahassee FL

City & State

Same

Zip

32303

Country

Leon

Zip

Country

7. Name and Address of Current Registered Agent

Name

Susan Stripling

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

1465 pine street

Suite, Apt. #, Etc.

tallahassee

City

State

FL

Zip Code

32303

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

061638963

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

SM8

REGISTERED AGENT MUST SIGN

Date

3/23/07

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	Susan Stripling	1465 pine st tallahassee FL 32303	

REINSTATEMENT

05-07

100095808941

04/04/07--01043--016 **458.75

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:

SM8

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/23/07 4439251

Daytime Phone #