

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 # P02000078109

1. Corporation Name

SUSAN STRIPLING PHOTOGRAPHY, INC.

Principal Place of Business

1465 PINE ST.
TALLAHASSEE FL 32303

Mailing Address

1465 PINE ST.
TALLAHASSEE FL 32303

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

PO BOX 12093

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

Zip

32317

Country

LEON

4. Date Incorporated or Qualified
To Do Business in Florida

07/18/2002

5. FEI Number

041638963

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 |
|---------------|---|--|-------------------------|
| D | STRIPLING, SUSAN | 1465 PINE ST. | TALLAHASSEE FL 32303 |
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100024169891
10/27/03--01078--008 **150.00

8. Name and Address of Current Registered Agent

STRIPLING, SUSAN
1465 PINE ST.
TALLAHASSEE FL 32303

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

Susan Stripling
REGISTERED AGENT MUST SIGN

Date 10/23/03

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:

Susan Stripling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/23/03

Date

Daytime Phone #

CR2E040 (7/03)

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Susan Stripling Photography, Inc.
PO Box 12093
Tallahassee, FL 32317

To Whom It May Concern;

October 20, 2003

I am writing to have the reinstatement fee waived for Susan Stripling Photography, Inc.

I have received no UBR report notices, and only received the notice of dissolution today.

Enclosed is the \$150 filing fee.

Thank you;


Susan Stripling
Owner