

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 16 AM 9:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000083657

1. Corporation Name

KELSEI II, INC.

Principal Place of Business

5100 NORTH NINTH AVENUE  
PENSACOLA FL 32504

Mailing Address

5100 NORTH NINTH AVENUE  
PENSACOLA FL 32504

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

08/01/2002

5. FEI Number

48-1265165

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-P	JOHNSON, ALISTER W	5100 NORTH NINTH AVENUE STE-E-533	PENSACOLA FL 32504
T,S,Y	Johnson, Tina M	5100 N. 9th Ave # E-533	PENSACOLA FL 32504

600023865596  
10/16/03--01092--016 \*\*150.00

8. Name and Address of Current Registered Agent

JOHNSON, ALISTER W  
5100 NORTH NINTH AVENUE  
PENSACOLA FL 32504

9. Name and Address of New Registered Agent

Name

Tina M. Johnson

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

5100 N. 9th Ave # E-533

Suite, Apt. #, Etc.

R

City

PENSACOLA

State

FL

Zip Code

32504

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

REGISTERED AGENT MUST SIGN

Date

10/10/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/03

Daytime Phone #

850-221-0983

CF2E040 (7/03)

To: Florida Dept. Of State  
Glenda E. Hood  
Secretary of State  
Division of Corporations

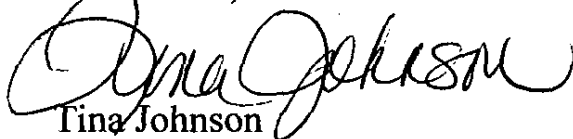
10/10/2003

From: Kelsei II Inc.  
5100 N. 9<sup>th</sup> Ave Suite E-533  
Pensacola Fl 32504

Dear Glenda,

In receiving the dissolution or revocation notice in the mail I was not aware that I had not sent the annual report to you. I have not received any notices and I know why. My Corp. is Kelsei II. Inc. But my business is Glamour Shots. When my attorney mailed in my corp. papers he left off the Suite number of E-533. Being new in the mall they did not recognize the corporation. I was fortunate however, to have received this notice. I would like to ask that my fee be waived. I have enclosed a \$150.00 check as told to me by an agent that I spoke with today on the telephone that this would be sufficient if you waived the fee. I hope you understand and waive the fee I will not let this happen again. I thank you for your time and I have corrected this mistake on my forms that I have mailed back with my fee.

Thank You,

A handwritten signature in black ink, appearing to read "Tina Johnson", written over the printed name.

Tina Johnson  
Vice President  
Kelsei II, Inc.