

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

*PAR/02*

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P02000128771

1. Corporation Name

AIRPHOTO INC.

Principal Place of Business

Mailing Address

P O BOX 451976  
KISSIMMEE FL 34745

P O BOX 451976  
KISSIMMEE FL 34745

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

12/04/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	LOWE, MARK G	P O BOX 451976	KISSIMMEE FL 34745

**REINSTATEMENT** 03  
800025168238  
12/02/03--01063--019 \*\*150.00  
TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LOWE, MARK G  
990 SHORE DRIVE  
KISSIMMEE FL 34744

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

*Mark G. Lowe*

REGISTERED AGENT MUST SIGN

Date

11-28-03

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.

MARK G. LOWE

SIGNATURE:

*Mark G. Lowe*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-28-03

(407) 301-4632

Daytime Phone #

CR2E040 (7/03)

*Aspritz*

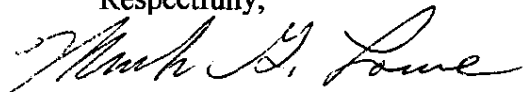
**AIRPHOTO INC.**  
**P.O. Box 451976**  
**Kissimmee, Fl. 34745**

To whom it may concern:

11/28/03

I, Mark G Lowe, registered agent, (& sole employee) of the above named corporation recently received notification of administrative dissolution of Airphoto Inc. I hereby certify that this is first of any such notification that I have received and I was unaware of the consequences of the failure to file my annual report/uniform business report by September 19. I respectfully request the \$600.00 reinstatement fee be waived. Enclosed please find a check in the amount of \$150.00 to cover the appropriate filing fee.

Respectfully,



Mark G. Lowe