## 2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000170886				FILED	
1. Entity Name J.S. PHOTO & VIDEO, INC.					
			JESS .	07 NOV 27 PM 4: 52	
Principal Place of Business	Mailing Address			TALLAHASSEE, FLORIDA	
6032 NW 31ST TERRACE 6032 NW 31ST TERRACE 6AINSVILLE, FL 32653 6AINESVILLE, FL 32653				TALLAHASSEE, FLORIDA	
<b>22.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25.11.25</b>					
Principal Place of Business - No P.O. Box # 3. Mailing Address					
1338 NW 13TH ST   1338 NW     Suite, Apt. #, etc.   Suite, Apt. #, etc.		) 13TH S	• /	112020 REINSTATEMENT(1/07) 67	
Gity & State City & State					
GAINESVILLE TL GAINESVILLE		6 PC		4. FEI Number Applied For 20-2044756 Not Applicable	
32601 Country USA	32601	Country		Certificate of Status Desired     S. Certificate of Status Desired     Fee Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
WILLIAMS, JEFF			FREY S. WILLIAMS		
6032 NW 31ST TERRACE GAINESVILLE, FL 32653			Street Address (P.O. Box Number is Not Acceptable) 5777 224		
,					
City GAIN				ESUILLE FL Zip Code 601	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE MES 11/20/07					
Signature (report or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE					
FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the					
After January 1, 2008, Fee will be \$300.00 corporation did not receive the prior notice.					
10. OFFICERS AND	DIRECTORS Delete	11.	Dρ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  Change  Addition	
NAME WILLIAMS, JEFF	La Delete	NAME	WIL	-LIAMS, DEFFEET S.	
STREET ADDRESS 6032 NW 31ST TERRACE CITY-ST-ZIP GAIENSVILLE, FL 32653		STREET ADDRESS CITY-ST-ZIP		8 NW 13714 ST. TINESVILLE, FL 32601	
TITLE D	☐ Delete	TITLE	DS	Change Addition	
NAME WILLIAMS, SABRINA H STREET ADDRESS 6032 NW 31ST TERRACE		NAME STREET ADDRESS	122	LIAMS, SABRINA H. 8 NW 13TH ST.	
CITY-ST-ZIP GAIENSVILLE, FL 32653		CITY-ST-ZIP	(J.)	MINESVILLE, PL 32601	
TITLE NAME	☐ Delete	TITLE NAME			
STREET ADDRESS CITY-ST-ZIP	,	STREET ADDRESS CITY - ST - ZIP		11/27/0701012003 **150.00	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS	8	NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE NAME	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS		STREET ADDRESS			
CITY-ST-2IP TITLE	O O o late	CITY-ST-ZIP		Channe	
NAME	Delete	NAME		☐ Change ☐ Addition	
STREET ADDRESS  CITY-ST-ZIR/G		STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same lengtleffed as if made under path, that I am an officer or director.					
of the corporation or the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 11/20/01 352-374-67 X9					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  11/20/01 352-374-67 X { Dayline Phone II					
/ / t					