| | 2006 FOR PROFII REINSTA | CORPORAT | ΓΙΟΝ | 10FZ |
|--|---|---|---|--|
| | MENT # P05000075 | 766 | | , ED |
| 1. Entity Name SIGNATURE IMAGES PHOTOGRAPHY, INCORPORATE | | D | 06 1/01/28 1/1 8: 16 | |
| 5509 SHAD | ce of Business ROAD LE, FL 32257 | Mailing Address 5509 SHAD ROAD JACKSONVILLE, FL 322 | 57 | |
| 461 Suite, Apt. | . #, etc. | Suite, Apt. #, etc. | ips Highwa | |
| 203 City & Stat | le | ZO 3 City & State | | 4. FEI Number Applied For |
| <u>JAC</u> ^{Zip} 32 | <u>LKSONUILE, FL</u> 207 USA | JACKSONUI Zip 32207 | UE, FL Country USA | 5. Certificate of Status Desired Status Desired Fee Required |
| | 6. Name and Address of Current R | egistered Agent | Name | 7. Name and Address of New Registered Agent |
| DAVIS, CHRIS 8174 LEXINGTON DRIVE JACKSONVILLE, FL 32208 | | Street Address | s (P.O. Box Number is Not Acceptable) | |
| | | | City | FL Zip Code |
| The above the obligat SIGNATURE_ | a named entity sugmits this statement for tions of registered agent. Wirds Add Signature, typed or printed name of registered agent an | iis | | tered agent, or both, in the State of Florida. 1 am familiar with, and accept $\mathcal{LO} - \mathcal{O} \mathcal{L}_{\mathcal{O}}$ |
| | LE NOWI!! FEE IS \$150.00 nuary 1, 2007, Fee will be \$300.00 | | | in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
| 10. Inte | OFFICERS AND D | | 11. TITLE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |
| NAME STREET ADORESS CITY-ST-ZIP | DAVIS, CHRIS 8174 LEXINGTON DRIVE JACKSONVILLE, FL 32208 | | NAME STREET ADDRESS CITY - ST - ZIP | 100082099901 11/28/0601034003 **150.00 |
| TITLE NAME STREET ADORESS | VP DYSZKIEWICZ, TOM M 236 RIVER PLANTATION ROAD S | | TITLE NAME STREET ADDRESS | Change Addition |
| CITY-ST-ZIP | ST AUGUSTINE, FL 32092 | | CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS | | C Delete | TITLE NAME STREET ADDRESS CITY-ST-7/P | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | Delete | NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | | NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | | C) Delete | NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME | Change Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TILE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby of indicaled of the cor | certify that the information supplied with t d on this report or supplemental report is t protation or the receiver or trustee empoy , or on an attachment with an address, with | Delete Delete Detate Detate Detate | NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP the exemptions contain y signature shall have th s required by Chapter 6 | Change Addition |

Mitchel NOV 2 8 2006

<u>Signature</u> Images

November 20, 2006

Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

Re: Reinstatement of Corporation; Document # P05000075766

Dear Sir or Madame,

Enclosed please find completed form CR2E098 (11/05), Request for Profit corporation reinstatement, and payment with check number 1047 in the amount of \$150.00.

I am sorry, our business address is wrong on the form. I have corrected it in ink per the instructions. I sent a change of address form in the mail when we moved in 2005. As indicated in Block 2 and Block 3, our correct address is 4613 Philips Highway, Suite 203, Jacksonville, Florida, 32207.

Thank you for your time and help.

Sincerely,

Chris Daries

Chris Davis

Enclosures

4613-203 Philips Highway Jacksonville, FL 32207

Phone: 904-737-7427 Fax: 904-443-7425 E-mail: signatureimages@bellsouth.net