

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000096110

1. Corporation Name

Rachel Photography Corp

2. Principal Office Address - No P.O. Box #

15715 NW 11 Street

Suite, Apt. #, etc.

0

City & State

Pembroke Pines FL

Zip

33028

Country

USA

3. Mailing Office Address

15715 NW 11 Street

Suite, Apt. #, etc.

0

City & State

Pembroke Pines FL

Zip

33028

Country

USA

7. Name and Address of Current Registered Agent

Name

Rachel Estrada

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

15715 NW 11 street

Suite, Apt. #, Etc.

0

City

Pembroke Pines

State

FL

Zip Code

33028

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Rachel Estrada

REGISTERED AGENT MUST SIGN

Date March 23, 2010

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Rachel Estrada	15715 NW 11 Street	Pembroke Pines FL 33028

10. E-mail Address: rachelpotos@bell-south.net

(To be used for future annual report notification)

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. I further certify, 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:

Rachel Estrada Rachel Estrada

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 23 2010 954-478-9201

Date

Daytime Phone #

FILED

10 MAR 25 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-10

400173151814
03/25/10--01037--021 **758.75
CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business in Florida

July 7, 2005

5. FEI Number

20-3121802

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.