

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000153742

1. Entity Name  
KAY PHOTOGRAPHY, INC.



Principal Place of Business  
411 WALNUT STREET  
#2795  
GREEN COVE SPRINGS, FL 32043

Mailing Address  
411 WALNUT STREET  
#2795  
GREEN COVE SPRINGS, FL 32043

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

203816075

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PENOYER, KRISTEEN  
411 WALNUT STREET  
#2795  
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent

Name  
Hollyn J. Foster

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

334 E. Duval St.

City  
Jacksonville

FL

Zip Code  
32202

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

*Hollyn J. Foster*

Hollyn J. Foster, Attorney at Law

3/24/08

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

P  
PENOYER, KRISTEEN  
411 WALNUT STREET #2795  
GREEN COVE SPRINGS, FL 32043

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

800122072498  
04/03/08--01044--007 \*\*300.00

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CITY-ST-ZIP

☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

3/31/08

FILED  
08 APR -3 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 07-08  
03242008 REINP. CR2E098 (1/07)