

**2009 FOR PROFIT CORPORATION REINSTATEMENT**

**FILED  
Oct 15, 2009  
Secretary of State**

DOCUMENT# P07000008025

Entity Name: DOREEN KLINE PHOTOGRAPHY INC.

**Current Principal Place of Business:**

14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KLINE, DOREEN  
14841 CRYSTAL COVE CT.  
# 1902  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: DOREEN KLINE

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( )

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLINE, DOREEN  
Address: 14841 CRYSTAL COVE CT. # 1902  
City-St-Zip: FORT MYERS, FL 33919

Title: VP ( ) Delete  
Name: KLINE, DAVID  
Address: 14841 CRYSTAL COVE CT. # 1902  
City-St-Zip: FORT MYERS, FL 33919

Title: S ( ) Delete  
Name: KLINE, DAVID  
Address: 14841 CRYSTAL COVE CT. # 1902  
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete  
Name: KLINE, DOREEN  
Address: 14841 CRYSTAL COVE CT. # 1902  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOREEN KLINE

Electronic Signature of Signing Officer or Director

P

10/15/2009

Date