

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
12 APR 16 AM 8:19
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

DOCUMENT # P08000023090

1. Corporation Name

PHOTOSARGE INC

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

2305 CLEVELAND HEIGHTS BLVD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33803

Country

USA

3. Mailing Office Address

2305 CLEVELAND HEIGHTS BLVD

Suite, Apt. #, etc.

City & State

LAKELAND, FL

Zip

33803

Country

USA

300229150263

04/16/12--01002--005 **\$300.00

CR2B081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida 03/04/2008

5. FEI Number

26-2121255

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

WILLIAM C SARGENT

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

2305 CLEVELAND HEIGHTS BLVD

Suite, Apt. #, Etc.

City

LAKELAND

State

FL

Zip Code

33803

300229150263

04/16/12--01002--006 **\$150.00

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

Bill Sargent

Date

4/11/12

REGISTERED AGENT MUST SIGN

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	WILLIAM C SARGENT	2305 CLEVELAND HEIGHTS BLVD	LAKELAND, FL 33803
VP	ANN D SARGENT	2305 CLEVELAND HEIGHTS BLVD	LAKELAND, FL 33803
			S. HAWKES
			APR - 2012
			EXAMINER

10. E-mail Address: sweetcraver@earthlink.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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/12

Date

813-714-3616

Daytime Phone #