

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL -7 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000010617

1. Corporation Name
MIAMI PHOTOGRAPHY, INC.

Principal Place of Business Mailing Address
**1221 1ST. STREET SOUTH, #7B
JACKSONVILLE, FL 32250**

REINSTATEMENT 96-98

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida
2/9/94

5. FEI Number
59-2742163

6. CERTIFICATE OF STATUS DESIRED **58.75** Additional Fee required for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	DARYLE V. SCOTT	1221 1ST. STREET SOUTH, #7B	JACKSONVILLE, FL 32250
STD	DARYLE V. SCOTT	1221 1ST. STREET SOUTH, #7B	JACKSONVILLE, FL 32250
			700002589917--3 -07/15/98--01068--026 ***1058.75 ***1058.75

8. Name and Address of Current Registered Agent

B. Name and Address of New Registered Agent

Name
J. KEITH M. SANDS, ESQUIRE

Street Address (P.O. Box Number is Not Acceptable)
1551 ATLANTIC BLVD.

Suite, Apt. #, Etc.
200

City
JACKSONVILLE

State
FL

Zip Code
32207

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent
J. Keith M. Sands
J. KEITH M. SANDS, ESQUIRE

Date

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No

(See other side for information on intangible tax.)

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. 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: *Daryle V. Scott* **6/24/98** 904-645-6000

DARYLE V. SCOTT, PRESIDENT

CRS 540-1295