

**PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM**

APPLICATION  
FOR  
REINSTATEMENT

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

DOCUMENT # **P95000027996**

1 Corporation Name

**BABY FACE PHOTOGRAPHY, INC.**

Principal Place of Business	Mailing Address
10097 CLEARY BLVD SUITE 202 PLANTATION FL 33324	10097 CLEARY BLVD SUITE 202 PLANTATION FL 33324

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

2. New Principal Office Address, If Applicable <i>N/A</i>	3. New Mailing Office Address, If Applicable <i>N/A</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
Zip	Country

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

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)
D	HASKELL, WENDY L	1004 NW 105TH AVE
D	LEE, CATHERINE A	7200 NW 2ND AVE #100

8. Name and Address of Current Registered Agent

HASKELL, WENDY L 1004 NW 105TH ST PLANTATION FL 33322	Name <i>N/A</i>
	Street Address <i>1004 NW 105TH AVE</i>
	Suite, Apt. #, Etc.
	City

10 I, being appointed the registered agent of the above named corporation, am familiar with and accept the responsibilities of this position.

Signature of Registered Agent

*Wendy L Haskell* *REINSTATEMENT*  
REGISTERED AGENT MUST SIGN

11 Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes

12 I certify that I am an officer or director or the receiver or trustee empowered to execute this application as this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfied, and the debts owed by the corporation have been paid and the names of individuals listed on this form do not qualify for reinstatement. The information contained on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Wendy L Haskell* *REINSTATEMENT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

96 DEC 27 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



## **REINSTATEMENT**

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2. New Principal Office Address, If Applicable <b>N/A</b> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <b>N/A</b> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida <b>04/05/1995</b>	
City & State		City & State		5. FEI Number <b>65-068-7163</b>	Applied For Not Applicable
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$175 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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1 2	HASKELL, WENDY L	1004 NW 105TH AVE	PLANTATION FL 33322
D	LEE, CATHERINE A	7200 NW 2ND AVE #100	BOCA RATON FL 33487

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent		
HASKELL, WENDY L 1004 NW 105TH ST PLANTATION FL 33322		Name	N/A
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc.	
		City	State <b>FL</b> Zip Code

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**

the registered agent of the above named corporation, am familiar with and accept the  
  
**Wendy A. Haskell**   
REGISTERED AGENT MUST SIGN

Date 12-21-96

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 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 and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-21-96 (954) 476-4417  
Dato Dayline Phone #