

# **2008 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000008892

**FILED**  
**Jun 06, 2008**  
**Secretary of State**

**Entity Name:** RE-MAX PHOTOGRAPHY STUDIO INC.

**Current Principal Place of Business:**

3222 SOUTH DIXIE HIGHWAY  
D  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

3222 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 65-0731833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KAUFMANN, MAXIMILIAN  
129 SEMINOLE AVENUE  
PALM BEACH, FL 33480 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:** MAXIMILIAN KAUFMANN

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: D ( ) Delete  
Name: KAUFMANN, MAXIMILLIAN  
Address: 129 SEMINOLE AVENUE  
City-St-Zip: PALM BEACH, FL 33480

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

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:** MAXIMILIAN KAUFMANN

PRES

06/06/2008

Electronic Signature of Signing Officer or Director

Date