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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Or in.	6 AM 8:54 6 AM 8:54 6 STATEA (SSTE) Nave a new
DOCUMENT # P97000016542 SECRE	addiess.
Wendy Brant Photography Inc.:	addless.
The.	Wendy Brant PHOTOGRAPHY
2. Principal Office Address 3. Mailing Office Address	950 South Pine Island Road • Suite 1018 Plantation, Florida 33324
950 S. Fine I and Road Suite, Apt. #, etc. Suite, Apt. #, etc.	
#1018	4) Date incorporated or Qualified VIII by U
City & State City & State	5. FEI Number - Applied For Not Applicable
Zip Country Zip Country	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent	
Name Wendy Brast T00031280177 Street Address (P.O. Box Number is Not Acceptable) 950 5. Pine Island Rd Suite, Apt. #, Etc. # 1018	
city Plantation	State Zip Code 333324
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 Date 3/15/04.	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at le	east 3 directors)
Titles Officers and/or Directors Officer and/or Director	h r City / State / Ztp
Pristent Wendy Brant Some	
J	
10. 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 filling 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: When the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date	

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Wendy Brant PHOTOGRAPHY

(954) 776-2300 / FAX (954) 727-8426 www.wendybrantphotography.com

TO: Department of State

Division of Corporations

PO Box 6327

Tallahassee, Florida 32314

March 19, 2004

To whom it may concern,

I am enclosing my corporation fees for 2002, 2003 and 2004. We moved in 2002 and had our mail forwarded but we never received a bill or notice regarding our fees. I spoke with one of your representatives on March 19, 2004. I was told to send a check for \$450.00 which is attached. (Check # 4605)

Thank you very much. Please call if there are any other questions. I can be reached easily at (954) 776-2300. The phone number has not changed.

Sincerely,

Wendy Brant