

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 DEC 21 PM 6:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P990 00057226

1. Corporation Name

STEPHANIES PHOTO STUDIO, INC.

Principal Place of Business

Mailing Address

9045 La Fontana Blvd
Suite B12
Boca Raton, FL 33434

SAME

REINSTATEMENT

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 Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

6/27/97

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 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)

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
P/D	MARIA ALEXANDRA MOISES	9045 La Fontana Blvd Suite B12 Boca Raton, FL 33434	

900002723829-5
-12/28/98-01128-003
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STEVE MARESCO
527 Fleming Ave
Greenacres, FL 33463

Name
MARIA ALEXANDRA MOISES

Street Address (P.O. Box Number is Not Acceptable)
9045 La Fontana Blvd

Suite, Apt. #, Etc.
Suite B12

City
Boca Raton, FL

State
FL

Zip Code
33434

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

Maria Moises

REGISTERED AGENT MUST SIGN

Date 12/12/98

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

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)(f), 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:

Maria Moises

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/12/98

Date Daytime Phone #

CR20040 (1998)