

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P99000011901
 1. Corporation Name
SOUTHERNAIRE PHOTOGRAPHY, INC.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 NOV -1 PM 5:59

Principal Place of Business Mailing Address
 5250 ALLOAKS COURT JACKSONVILLE FL 32258
 5250 ALLOAKS COURT JACKSONVILLE FL 32258



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

2. New Principal Office Address, If Applicable 8195 Green Glade Rd. Suite, Apt. #, etc.	3. New Mailing Office Address, If Applicable 8195 Green Glade Rd. Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida 02/04/1999
City & State Jacksonville FL	City & State Jacksonville FL	5. FEI Number 59-3561346 Applied For Not Applicable
Zip 32256 Country USA	Zip 32256 Country USA	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	City / State / Zip
D	FEEZOR, GERALD LANE	5250 ALLOAKS COURT	JACKSONVILLE FL 32258

200003471852--6
 -11/21/00--01022--017
 ****150.00 ****150.00

BB 11/15

8. Name and Address of Current Registered Agent HUBBARD, KIM K 1106 PARK AVENUE ORANGE PARK FL 32073	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL
---	---

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 *[Signature]* **SIGNATURE REQUIRED** Date 10-30-00
 REGISTERED AGENT MUST SIGN

11. 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]* **SIGNATURE REQUIRED** Date 10/24/00 Daytime Phone # 904-333-3339
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED40 (8/00)



Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

October 25, 2000

Dear Sir or Madam:

I called your office yesterday and explained the circumstances that may have led to my recent receipt of a Notice of Administrative Dissolution or Revocation. I was told to submit a letter of explanation and a check for the \$150.00 filing fee to be reinstated.

Apparently due to mail not being forwarded I never received the original Annual Report form or the second notice mentioned in this current notice. This notice reached my new address because the prior address was crossed through and my new address was hand-written in. I have enclosed the address section of this notice for your review. Being a very small, one person, operation I apologize for not knowing about the annual reporting requirement, but will adhere to the process from now on.

I sent in a change of address on July 20, 2000 when I sent in a change of status to remove a former partner. It appears my old address is still on record, so I changed it in this notice. I appreciate your consideration in this matter. You may reach me at 904-642-6400 if you have any questions or concerns.

Sincerely,



Gerald L. Feezor