

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000033194

1. Corporation Name

NACHMAN PHOTOGRAPHY, INC.

Principal Place of Business

9713 TAKOMAH TRAIL  
TAMPA FL 33617

Mailing Address

9713 TAKOMAH TRAIL  
TAMPA FL 33617

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

2. New Principal Office Address, If Applicable

4211 E. Busch Blvd.  
Suite D

City & State

Tampa FL

Zip

33617

Country  
USA

3. New Mailing Office Address, If Applicable

4211 E. Busch Blvd.  
Suite D

City & State

Tampa FL

Zip

33617

Country  
USA

4. Date Incorporated or Qualified  
To Do Business in Florida

04/07/1999

5. FEI Number

59-3569330

Applied For

Not Applicable

6. 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	NACHMAN, NEAL	9713 TAKOMAH TRAIL	TAMPA FL 33617
DV	NACHMAN, SANDY	9713 TAKOMAH TRAIL	TAMPA FL 33617

000009023950  
11/15/02--01055--022 \*\*150.00

8. Name and Address of Current Registered Agent

NACHMAN, NEAL  
9713 TAKOMAH TRAIL  
TAMPA FL 33617

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. # Etc.

City

State  
FL

Zip Code

33617

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

10/22/02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/22/02

813-  
980-6670

CR2ED40 (8/02)

To Whom ~~It~~ May Concern:

We had not received any of the previous notices and when I spoke to someone there, they told me to just write you a note & to send a check with our paperwork. So we did what was instructed.

Sincerely,

A handwritten signature in cursive script, appearing to read "Phil Mc".