

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 15 PM 2:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # p99000077505

1. Corporation Name

KDR Photography INC

2. Principal Office Address

2212 S Chickasaw tr

3. Mailing Office Address

2212 S Chickasaw tr

Suite, Apt. #, etc.

212

Suite, Apt. #, etc.

212

City & State

Orlando FL

City & State

Orlando FL

Zip

32825

Country

Orange

Zip

32825

Country

Orange

4. Date Incorporated or Qualified
To Do Business in Florida

08/26/1999

5. FEI Number

593595007

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 03-05

7. Name and Address of Current Registered Agent

Name

Ricardo Aguilar

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

3120 Cambria Ct

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32825

300052076563
04/26/05--01017--014 **450.00

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

[Signature] President

Date 04/16/05

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P-D	Ricardo Aguilar	3120 cambria Ct	Orlando FL 32825
S	Margaret Aguilar	3120 cambria Ct	Orlando FL 32825

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 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] President

04 105 4079271837

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (01/05)