

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION  
**REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000100027**

1. Corporation Name  
**SOUTHERN EXPOSURE PHOTO STUDIO, INC.**

Principal Place of Business  
**1225 MANOR CT.  
WESTON FL 33326**

Mailing Address  
**1225 MANOR CT.  
WESTON FL 33326**

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

2. New Principal Office Address, If Applicable  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. New Mailing Office Address, If Applicable  
**1314 SW 160TH AVE**  
Suite, Apt. #, etc.  
City & State  
**Weston, FL**  
Zip **33326** Country

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 NOV -1 AM 9:56



4. Date Incorporated or Qualified To Do Business in Florida  
**11/15/1999**

5. FEI Number  
**650964264**

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)			
Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LEIGHTY, KAREN	1225 MANOR CT.	WESTON FL 33326

8. Name and Address of Current Registered Agent  
**CAPITAL CONNECTION, INC.  
417 E. VIRGINIA STREET, STE. 1  
TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent  
Name  
**Karen Leighty**  
Street Address (P.O. Box Number is Not Acceptable)  
**1314 SW 160TH AVE.**  
Suite, Apt. #, Etc.  
City  
**Weston**  
State  
**FL**  
Zip Code  
**33326**

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 **Karen Leighty** Date \_\_\_\_\_  
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: **Karen Leighty**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E040 (8/00)

To whom it may concern:

Enclosed, you will find my updated application for reinstatement including the fee of \$158.75 total. Please be advised that I never received a first or second notice.

I am a new business owner and was not aware of this fee. Please excuse my mistake and also having had the death of my daughter this past year has made things more difficult.

I have also corrected the mailing address needed to receive all future correspondence on time. The name and address of the current registered agent Capital Connection, Inc is incorrect.

I hope you will consider my dilemma in this oversight. In the future, I will handle this and all future business personally.

Sincerely,

Karen Leighty  
President

A handwritten signature in cursive script that reads "Karen Leighty". The signature is written in dark ink and is positioned below the typed name and title.