

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

96 DEC -4 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S10560**

1. Corporation Name

ECLIPSE PHOTO PRODUCTION, INC.

Principal Place of Business

Mailing Address

2905 WHITTINGTON PLACE
TAMPA FL 33618

2905 WHITTINGTON PLACE
TAMPA FL 33618

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33688

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

11/02/1990

5. FEI Number

59-3057758

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BUZZEO, ROBERT A.	2905 WHITTINGTON PLACE	TAMPA FL
			400002021834--9 -12/06/96--01025--006 ****483.75 ****483.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

KREISCHER, ALBERT C., JR.
1407 WEST BUSCH BLVD.
TAMPA FL 33612

Name

John F. McGARR

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

1389 75th AVE N.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33702

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]

REGISTERED AGENT MUST SIGN

Date 11-26-96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. 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)(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]
BOB BUZZEO President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8139310666