


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

FILED
CLERK OF DISTRICT COURT
MAY 19 2006
06 MAY 19 PM 4:50

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # **249211**

1. Corporation Name
ART GLO SIGNS, INC

2. Principal Office Address
205 S. Hoover
Suite, Apt. #, etc. **400**
City & State **TAMPA FL**
Zip **33609** Country

3. Mailing Office Address
205 S. Hoover
Suite, Apt. #, etc. **400**
City & State **TAMPA FL**
Zip **33609** Country

4. Date Incorporated or Qualified To Do Business in Florida **7-12-1961**

5. FEI Number **590863464** Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name **J. Styles Wilson**

Street Address (P.O. Box Number is Not Acceptable) **205 S. Hoover #400**

Suite, Apt. #, Etc.

City **TAMPA** State **FL** Zip Code **33609**

REINSTATEMENT 93-06

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 *J. Styles Wilson* Date **5-10-06**

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	Shirley Carter	205 S. Hoover #400	TAMPA, FL 33609
VP	CAROLYN THATCHER	205 S. Hoover #400	TAMPA, FL 33609
DIR	JAMES D. FARMER	205 S. Hoover #400	TAMPA, FL 33609

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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 contained in Chapter 119, 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: *Shirley Ann Carter, Pres.* **Shirley ANN CARTER** Date **5-10/06** Daytime Phone # **286-2323**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR