2006 FOR PROFIT CORPORATION REINSTATEMENT

06 OCT 13

DOCUMENT # P05000054771

1. Entity Name
PATRICIA CORTINA SIGNS INC.

Principal Place of Business	Mailing Address
8286 NW S RIVER DR MEDLEY, FL 33166	8286 NW S RIVER DR MEDLEY, FL 33166

REINSTATEMENT 2006
10122006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
4273 E 4 AV. Suite, Apt. #, etc.	4273 E. 4 AV. Suite, Apt. #, etc.
City & State: Hialeah	City & State: Hialeah
Zip: 33013 Country: FL	Zip: 33013 Country: FL

4. FEI Number: 20-5572-201 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORTINA, PATRICIA 2648 SW 29 CT MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Patricia Cortina
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2007, Fee will be $300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CORTINA, PATRICIA 8286 NW S RIVER DR MEDLEY, FL 33166	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4273 E 4 AV. Hialeah FL 33013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HERRERA, REY D 8286 NW S RIVER DR MEDLEY, FL 33166	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 4273 E 4 AV Hialeah FL 33013
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 200081305342 10/30/06--01003--007 **150.00
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #