

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 453807

1. Entity Name  
MODERN STAMP & SIGN MFG. CO.



APPROVAL  
AND  
FILED

06 APR -3 PM 3:49

Principal Place of Business  
2601 WEST CERVANTES STREET  
P.O. BOX 3712  
PENSACOLA, FL 32505-7154

Mailing Address  
2601 WEST CERVANTES STREET  
P.O. BOX 3712  
PENSACOLA, FL 32505-7154

SECRETARY OF STATE  
REINSTATEMENT

05-06 RSC



2. Principal Place of Business  
5520 DOMINIC ST.

3. Mailing Address

01272006 REIN-P CR2E098 (11/05)

Suite, Apt. #, etc.  
Pensacola, FL

Suite, Apt. #, etc.

4. FEI Number  
59-1571776

Applied For  
Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

Zip  
32526

Country

Zip  
32516

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ADAMS, O.E.SR.,  
ATTORNEY AT LAW  
2020 NORTH PALAFOX STREET  
PENSACOLA, FL 32581

Name  
BASS & SAND FORT ACCOUNTANTS  
Street Address (P.O. Box Number is Not Acceptable)  
1301 W. GARDEN ST.  
City  
PENSACOLA FL Zip Code  
32501

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

*Walter H. Bass*

3/10/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	V CLOUD, JERALD 5520 DOMINIC LN PENSACOLA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MATTHEW, ROBBIN 6393 N. BLUE ANGEL PK104 PENSACOLA, FL 32526	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CLOUD, GAIL P. 5520 DOMINIC LN PENSACOLA, FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600069976176 04/10/06--01089--005 **900.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gail P. Cloud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/06 850-944-4490

Date

Daytime Phone #