

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

F04000005636

1. Corporation Name

Affordable Sign Group Corp.

2. Principal Office Address - No P.O. Box #

18731 Three Oaks Parkway

3. Mailing Office Address

18731 Three Oaks Parkway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

U.S.A.

Zip

33912

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

10/04/2004

5. FEI Number

34-1694280

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

Pamela Melia

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

18731 Three Oaks Parkway

Suite, Apt. #, Etc.

City

Fort Myers

State

FL

Zip Code

33912

☒ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Date

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
DPST	Pamela Melia	18731 Three Oaks Parkway	Fort Myers, FL 33912

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:

Pamela Melia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-23-07

Date

Daytime Phone #

FILED

08 JAN -8 PM 3:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 06-07

600114322536
01/08/08--01/08/08 **300.00