PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 22 AM 7:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F06000006282

1. Corporation Name

Triumph Signs & Consulting, Inc.

600172791046
03/22/10--01051--018 **1050.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
480 Milford Parkway		480 Milford Parkway	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Milford, OH		Milford, OH	
Zip	Country	Zip	Country
45150	USA	45150	USA

4. Date Incorporated or Qualified To Do Business In Florida 10/2/06

5. FEI Number 20-2095486 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

☐ 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: Kelly Snedden — REGISTERED AGENT MUST SIGN

Kelly Snedden
Asst. Secretary Date 3/11/10

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	William D Downey	480 Milford Parkway	Milford, OH 45150
VP	Anthony L Jennings	480 Milford Parkway	Milford, OH 45150
T	William H Wood	480 Milford Parkway	Milford, OH 45150

REINSTATEMENT RH

10. E-mail Address: dstamper@triumphsigns.com
(To be used for future annual report notification)

11. 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. I further certify 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: William D Downey — 03-16-10 — 513-576-8090

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