

12/19/2016

Division of Corporations

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6384

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
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**CORPORATION REINSTATEMENT
WHITE SIGN COMPANY OF TEXAS, INC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$1,050.00


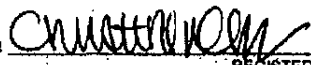
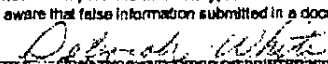
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CORPORATION REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F12000004535 1. Corporation Name WHITE SIGN COMPANY OF TEXAS, INC					
2. Principal Office Address - No P.O. Box # 6205 LOST CREEK Suite, Apt. #, etc.			3. Mailing Office Address 6205 LOST CREEK Suite, Apt. #, etc.		
City & State TEXARKANA, TX			City & State TEXARKANA, TX		
Zip 75503	Country USA	Zip 75503	Country USA	4. Date Incorporated or Qualified To Do Business in Florida 11/07/2012	
				5. FEI Number 46-1257862	Applied For NOT APPLICABLE
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required to a Certificate of Status					
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Numbers Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City Plantation State FL Zip Code 33324					
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  Christine Kelm Assistant Secretary Date: 12/09/16 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	
President	Bobby White	1447 UNION RD		TEXARKANA, AR 71854	
Vice President	Todd White	2708 PAULS CIRCLE		TEXARKANA, AR 71854	
Vice President	Brad White	6205 LOST CREEK		TEXARKANA, TX 75503	
Secretary	Deborah White	1447 UNION RD		TEXARKANA, AR 71854	
<h1>REINSTATEMENT</h1> <p>2014-2016</p>					
10. E-mail Address: <u>dw@whitesign.com</u> (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., and 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.617.155, F.S.					
SIGNATURE:  Deborah White Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 12-9-16 ID# 903-280-616					

DEC 19 2016
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