PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2018 JAN 31 PM 12:06

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CR2E081 (11/10)

DOCUMENT # F12000004535

1. Corporation Name
White Sign Company of Texas, Inc.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6205 Lost Creek	6420 East Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Texarkana, TX.	City & State: Texarkana, AR
Zip: 75503 Country: USA	Zip: 71854 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 $8.75 Additional Fee required for a Certificate of Status

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: PLANTATIMON State: FL Zip Code: 33324

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JAN 31 2018

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: 1/31/2018
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
Prcs.	Bobby White	1447 Union Rd.	Texarkana AR 71854
V.P.	Todd White	2708 Pauls Circle	Texarkana AR 71854
V.P	Brad White	6205 Lost Creek	Texarkana TX. 75503
Sec.	Deborah White	1447 Union Rd	Texarkana, AR 71854

10. E-mail Address: dw@whitesign.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., 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. 817.155, F.S.

SIGNATURE: Deborah White Deborah White - Secretary 1-26-18 870-779-1504
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #