APPROVED
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 APR 29 PM 2:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000024880

1. Corporation Name

Capitol Sign Systems, Inc.

REINSTATEMENT 2000-2002

2. Principal Office Address	**3.** Mailing Office Address
Rt. 309 & Broad Sts.	PO Box 788
Suite, Apt #, etc.	Suite, Apt. #, etc.
City & State: Lansdale, PA	City & State: Lansdale, PA
Zip: 19466 / Country	Zip: 19466 / Country

4. Date Incorporated or Qualified To Do Business in Florida: 5/12/1999

5. FEI Number: 231630536 — Applied For ☐ Not Applicable ☐

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

700005554177--8
-057167O2--01018--021
***1050.00 ***1050.00

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

Suite, Apt. #, Etc.

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

8. I, being appointed the registered agent of the abode named corporation, am familiar with and accept the obligations of section 607.0505 or 61 7.0503, FS.

Signature of Registered Agent: Ann Williams — REGISTERED AGENT MUST SIGN — ANN J. WILLIAMS Assistant Vice President — Date: 4.26.02

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
PCS	Piero Cappelli	Rt. 309 & Broad Sts.	Lansdale, PA 1946
VP/VC	Michael Binder	Rt. 309 & Broad Sts.	Lansdale, PA 1946
VDP	Donald Sowers	Rt. 309 & Broad Sts.	Lansdale, PA 1946

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 61 T, 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 under section 119.07(3)(i), 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: P. Cappelli — Piero Cappelli — 4/25/02 — 215.822.0166

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

FL010 - 09/15/01 C T System Online

CT CORPORATION

CORPORATION(S) NAME

1. Capitol Sign Systems, Inc.

2. Capitol Sign Systems, Inc.

Fictitious Name:

Capital Manufacturing

( ) Profit ( ) Nonprofit	( ) Amendment	( ) Merger
( ) Foreign	(-) Dissolution/Withdrawal ( ) Reinstatement	( ) Mark
( ) Limited Partnership ( ) LLC	( ) Annual Report ( ) Name Registration ( ) Fictitious Name	( ) Other ( ) Change of RA ( ) UCC
( ) Certified Copy	( ) Photocopies	( ) CUS
( ) Call When Ready (x) Walk In ( ) Mail Out	( ) Call If Problem ( ) Will Wait	( ) After 4:30 (x) Pick Up

RECEIVED
02 APR 29 PM 1:31
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Name
Availability _____
Document
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____

4/29/02
File 1ST
MG

Order#: 5296338

Ref#: _____

Amount: $_____

Please call me if name is wrong. I will then send you the correct Amount.
Thanks, Melanie 222-1092

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615