

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 JAN 24 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 571288

1. Corporation Name

Dowling Signs, Incorporated

800086462518
01/29/07--01061--011 **1208.75

2. Principal Office Address

2834 N. Main St.

Suite, Apt. #, etc.

3. Mailing Office Address

2834 N. Main St.

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32609

Country

Alachua

Zip

32609

Country

Alachua

4. Date Incorporated or Qualified
To Do Business in Florida

5-1-1987

5. FEI Number

59-2797163

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

Lenora Dowling

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

2834 N. Main St.

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32609

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

Lenora Dowling

REGISTERED AGENT MUST SIGN

Date

1/23/07

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	Lenora Dowling	2834 N. Main St.	Gainesville, FL 32609
V	Richard James Waddell	17421 N.W. 62nd Ave.	Alachua, FL 32615
T/S	Lem Jackson Leg, Jr.	4979 CR 337	Newberry, FL 32669

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07

Date

352-376-0456

Daytime Phone #