

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 NOV 19 PM 12:19

DOCUMENT # **K11334**

1. Corporation Name

Signs West, Inc.

2. Principal Office Address - No P.O. Box #

131 N.W. 98th Terrace

3. Mailing Office Address

Suite, Apt. #, etc.

#131

Suite, Apt. #, etc.

City & State

Plantation, Florida

City & State

Zip

33324

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

John Travisano

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

131 N W 98th Terrace #

Suite, Apt. #, Etc.

#131

City

Plantation, Florida

State

FL

Zip Code

33324

4. Date Incorporated or Qualified
To Do Business in Florida

01-06-1988

5. FEI Number
65-0022175

☐ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

☒ 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 **X**

John Travisano
REGISTERED AGENT MUST SIGN

Date **10/15/09**

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
PRES.	JOHN TRAVISANO	131 NW 98th TERRACE	PLANTATION, FL 33324
SEC.	JACQUELINE TRAVISANO	131 NW 98th TERRACE	PLANTATION, FL 33324
DIR.	RICHARD TRAVISANO	WOODLAND TRAIL	PALM CITY, FL

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: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/15/09

Date

954-809-4741

Daytime Phone #