

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 Country  
**33324 USA**

Zip Country

**500162956075**  
**11/19/09--01036--014 \*\*300.00**  
**REINSTATEMENT 08-09**

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

**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 State Zip Code  
**Plantation, Florida FL 33324**

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 *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
<b>PRES.</b>	<b>JOHN TRAVISANO</b>	<b>131 NW 98<sup>TH</sup> TERRACE</b>	<b>PLANTATION, FL 33324</b>
<b>SEC.</b>	<b>JACQUELINE TRAVISANO</b>	<b>131 NW 98<sup>TH</sup> TERRACE</b>	<b>PLANTATION, FL 33324</b>
<b>DIR.</b>	<b>RICHARD TRAVISANO</b>	<b>WOODLAND TRAIL</b>	<b>PALM CITY, FL</b>

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: *John Travisano*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **10/15/09** Daytime Phone # **954-809-4741**