

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 22 AM 10:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K75342

1. Corporation Name

WELL DONE SIGNS & DESIGNS

2. Principal Office Address

~~408 WEEBEE ROAD~~

3. Mailing Office Address

~~408 WEEBEE ROAD~~

Suite, Apt. #, etc.

#216

Suite, Apt. #, etc.

#216

City & State

Lighthouse Point
~~ANDERSON SC~~

City & State

~~ANDERSON~~
SOUTH CAROLINA

Zip

29625
33064

Country

USA

Zip

29625
33064

Country

USA

REINSTATEMENT 02

400008733034

10/31/02--01099--009 **2250.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/20/89

5. FEI Number

65-0121236

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name

GLEN WEIDEN

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

~~408 WEEBEE ROAD~~ 3170 N. Federal Hwy

Suite, Apt. #, Etc.

#216

Lighthouse Point 33064

City

~~ANDERSON SOUTH CAROLINA~~

State
FL

Zip Code
33064

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

Mark G. Williams

REGISTERED AGENT MUST SIGN

Date

10/19/02

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
PRES.	GLEN A WEIDEN	408 WEEBEE ROAD 3170 N. Fed. Hwy #216	ANDERSON SC 29625 Lighthouse Point, Fla 33064

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 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:

Mark G. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/19/02 864 964-8251

Daytime Phone #

CR2E081 (8/01)

9/11/20