

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR -9 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LD40000 83115

1. Limited Liability Company's Name

STRUCTURAL SIGN SOLUTIONS LLC

800171666228
03/09/10--01022--020 **516.25
CR2E041 (11/09)

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

1198 20TH ST.

Suite, Apt. #, etc.

City & State

ORANGE CITY

Zip

FL.

Country

VOLUSIA

3. Mailing Office Address

1198 20TH ST.

Suite, Apt. #, etc.

City & State

ORANGE CITY FL.

Zip

32763

Country

USA

4. State/Country of Formation

FLORIDA / VOLUSIA

5. Date Organized or Qualified
To Do Business in Florida

11/16/2004

6. FEI Number

201926372

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$6.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

DAVID BLOM

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

1198 20TH ST.

Suite, Apt. #, Etc.

City

ORANGE CITY FL.

State

FL

Zip Code

32763

☐ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

Date 3-5-2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	BRENT KAILING	775 HAMILTON AVE	ORANGE CITY FL. 32763
MGR	DAVID BLOM	1198 20TH ST.	ORANGE CITY FL. 32763
	N/A		
	N/A		
	N/A		
	N/A		

REINSTATEMENT

08-10

3-10-10

11. E-mail Address: STRUCTURALSIGN SOLUTIONS @. YAHOO.COM

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date

3-5-2010

Daytime Phone #

386-383-6286

Typed or printed name of signing Managing Member/Manager

DAVID M. BLOM