


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM AND

APPROVED
FILED

13 DEC 18 PM 4:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L 07000048769																																	
1. Limited Liability Company's Name Sign Depot LLC																																	
2. Principal Office Address - No P.O. Box # 145 Hilden Rd. <small>Suite, Apt. #, etc.</small> Suite 121 <small>City & State</small> Ponte Vedra, FL <small>Zip</small> 32081 <small>Country</small> USA		3. Mailing Office Address 2563 Ferntree Lane <small>Suite, Apt. #, etc.</small> <small>City & State</small> Fleming Island, FL <small>Zip</small> 32003 <small>Country</small> USA		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 5/1/2007 6. FEI Number 208989419 <small>Applied For</small> <small>Not Applicable</small>																													
8. Name and Address of Current Registered Agent <small>Name</small> Burl White Milton <small>Street Address (P.O. Box Number is Not Acceptable)</small> 2563 Ferntree Lane <small>Suite, Apt. #, Etc.</small> <small>City</small> Fleming Island <small>State</small> FL <small>Zip Code</small> 32003				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> 800 254 850308 E-mail Address: 800 254 850308 12/19/13--01002--009 **\$243.75 bwcdigital@aol.com (To be used for future annual report notices) </div>																													
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 Burl White Milton Date 12/18/2013 REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">Titles</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 35%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">M</td> <td>Milton Burl White</td> <td>2563 Ferntree Lane</td> <td>Fleming Island, FL 32003</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	M	Milton Burl White	2563 Ferntree Lane	Fleming Island, FL 32003																				
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M	Milton Burl White	2563 Ferntree Lane	Fleming Island, FL 32003																														
11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. Signature of Managing Member/Manager Burl White Milton Date 12/18/2013 Daytime Phone # 904-285-9993 Typed or printed name of signing Managing Member/Manager Burl White Milton																																	

K. ASHTON