## APPLICATION FOR REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

L30464 ----

1. Corporation Name

WALK-IN 1-HOUR SIGNS, INC.

Principal Place of Business

Mailing Address

% JAMES W. TRIMARCO 5636 W. WATERS AVE. TAMPA FL 33634-1213 % JAMES W. TRIMARCO 5636 W. WATERS AVE. TAMPA FL 33634-1213 FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



If above add	resses are i	ncorrect in any way, line thro	ugh incorrect in	formation and enter o	correction below.					
2. New Princ	ipal Office A	ddress, If Applicable	3. New Mailir	ng Office Address, If		4: Date Incorporated or Qualified To Do Business in Florida 11/17/1989				
Suite, Apt. #, etc.  5636-C W. WATERS ARE S636-C City & State TAMPA FI UIII - 1944			etc. W. WATER	ALE	5. FEI Number			Applied For		
			A, F/.					Not Applicable		
Zip 3 36 3	34	Collity Hills.	Zip 33 6	3 4 Country Hills	borough	6. CERTIFICATI	E OF STATUS DESIRED		Additional Fee required a Certificate of Status	
7. Names an	d Street Add	resses of Each Officer and/o	r Director (Flor	ida nonprofit corpora	tions must list at lea	ast 3 directors)				
Title(s)	Name of Officers and/or Directors				et Address of Each icer and/or Director		City / State / Zip			
D	TRIMARCO, JAMES W.			13026 DELWOOD RD			TAMPA FL			
						4	00003 -12/20	ູ ຊຸກຸ <u>ອ</u> ຸ	2846	
						-	-12/20 ****7		****768.75	
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					TATEN	ÆNT_	$\bigcirc$	78		
	8. Nam	e and Address of Current R	nt	Name and Address of New Registered Agent						
TDIMAG	OCO JAME	ie w		Name JAMES W. TRIMARCO						
TRIMARCO, JAMES W. 5636 W. WATERS AVE.					Street Address (		is Not Acceptable)	s Av	٤٠	
	.FL 33614				Suite, Apt. #, Etc		WAJEL	SPIV		
					City thin P.	A	<i>*</i>	State	Zip Code 33 4 3 4	
10. I, being a Signature of	appointed the	e registered agent of the above	re named corpo	ration, am familiar wi	th and accept the o	bligations of Sect	ion 607.0505, F.S.	12	1.0	
Registered A	gent	RE	GISTERED AG	ENT MUST SIGN	<i>y . 1</i> ™0.4°° //	<u></u>	Date	1	1/ 60	
11 Loantifu th	et laman o	fficer or director or the receiv	er or trustee en	nowared to execute	this application as	provided for in ch	anter 607 or 617 F.S	I further ce	ertify that when filing	
this reinst owed by t	atement app the corporati	on have been paid and the n rue and accurate, and my sig	ution has been ames of individ	eliminated, the corpo uals listed on this for	orate name satisfies m do not qualify for	the requirements an exemption un	of section 607.0401	or 617.0401	I, F.S., that all fees	

AMES W. Trinarco