PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION **FOR** REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

L45815

AMERISIGN, INC.

1. Corporation Name

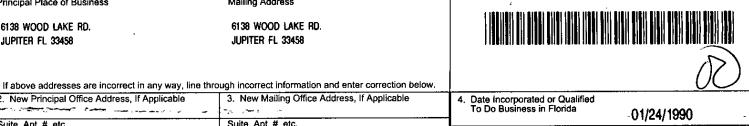
Principal Place of Business

Mailing Address

6138 WOOD LAKE RD. JUPITER FL 33458

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FILED 01 MAR 13 PH 1:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA



New Principal Office Address, If Applicable			New Mailing Office Address, If Applicable			Date Incorporated or Qualified To Do Business in Florida -01/24/1990			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. FEI Number		Applied For	
City & State			City & State				65-0183978	Not Applicable	
Zip Country			Zip .		Country	6. CERTIFICATE OF STATUS DESIRED for a Certificate of Status			
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)									
Title(s)	Title(s) Name of Officers and/or Directors 2			Street Address of E Officer and/or Direct			City / State / Zip		
D	WALLACE, KAREN J.			6138 WOOD LAKE RD.			JUPITER FL		
D	WALLACE, CRAIG L.			6138 W	OOD LAKE RD.		JUPITER FL		
4000038881 4000038881 -03/20/010103 *****900.00									
8. Name and Address of Current Registered Agent						Name and Address of New Registered Agent			
WALLACE, KAREN 6138 WOOD LAKE ROAD JUPITER FL 33458 10. I, being appointed the registered agent of the above named corporation, am familiar w					Suite, Apt. #, I	Apt. #, Etc. State FL Zip Code accept the obligations of Section 607.0505, F.S.			
Signature o Registered	f Agent	ore gill	vallac		QUIRED	<u></u>	Date 3/6/0	/	

11. 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.