

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED AND FILED

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 NOV 13 PM 2: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51397

1. Corporation Name
KENCO SIGNS AWNING DIVISION, INC.

Principal Place of Business
1538 GARDEN AVENUE
HOLLY HILL FL 32117
US
Mailing Address
1538 GARDEN AVENUE
HOLLY HILL FL 32117
US



REINSTATEMENT 97

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
3. New Mailing Office Address, If Applicable
4. Date Incorporated or Qualified To Do Business in Florida 02/15/1990
5. FEI Number 59-3201900
6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required 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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Entry: DVT, WEBB, RAYMOND K., JR., 511 VOLUSIA AVE, DAYTONA BEACH FL.

600002349376-4
-11/17/97--01132--029
****750.00 ****750.00

Handwritten signature/initials

8. Name and Address of Current Registered Agent: FOSTER, WALTER E., III, ESQ., 315 S PALMETTO AVE, DAYTONA BEACH FL
9. Name and Address of New Registered Agent

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.
Signature of Registered Agent: [Signature]
Date: 11/7/97

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes [X] No []

12. 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: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 10/24/97
Daytime Phone #

CR2E040 (8/97)