PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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Suite, Apl #, etc. SAME AS 2 REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI NITHER SPENSOR REGISTER DATE 4. Date Incorporated or Qualified To Do Business in Florida 5. FEI NITHER 6. CERTIFICATE OF STATUS DESIRED 8. CERTIFICATE OF STATUS DESIRED 8. State 9. Name of 9. Name of 9. Name of 9. Officer and/or Director 9. Street Address of Each Officer and/or Director 9. Name of 9. Officer and/or Director 9. Name of 9. Officer and/or Director 9. Street Address of Each 9. Officer and/or Director 10. State	1. Corporation Name KENCO SIGNS 3 AWNING DIVISION, INC 1538 GARDEN AVE.							SEC TAL	CRETARY OF STATE LAHASSEE, FLORIDA	•
4. Date Incomprosted or Qualified To Do Business in Florida 5. FEI Number				SAME ASXZ				REINS	STATEMENT	99-00
S. FEI Number S. FEI Numbe	1538	"GAR	EN AVE					4. Date Incorporated or Qualified		
7. Name and Address of Current Registered Agent Name PAYMON K. WEPP 300000000000000000000000000000000000	HOLL	y HIL	L, FL		Co	ountry		50	7-3201900	Applied For Net Applicable
Name RAYMON K. WERP 30.1033-233-3-103/24/0001030123 Strock-Address P.O. Box bumber is Not Acceptable WILL	521	1 /).5.							
Street Address P.O. Box Number is Not Acceptably Suite, Apt. #. Etc. City HOLLY HILL State Zip Code FL 32.117 8. I, being appointed the registered agent of the above named corporation, final milar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTEFED Agent MUST SIGN PAYMOND WEBB 1514 PINE AVE. HOLLY HILL, FL, 3 10. 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 fill this reinstatement application, the reason for glissolution has been emid and provided in the sorror tensor squalifytics are requirements of section 607.0401 or 617.0401, F.S., that all if the corporation must list be requirements of section 607.0401 or 617.0401, F.S., that all the overoup the composition of the section for provided for in chapter 607 or 617, F.S. I further certify that when fill this reinstatement application, the reason for glissolution has been formed by the names of individuals listed on this form do not his form do not not seatify for a meant of individuals listed in this form do not his form do not not seatify for a meant of individuals listed in this form do not not seat of the control of the contr										
B. I, being appointed the registered agent of the above named corporation, right millar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) PRAYMOND WEBB ISIH PINE AVE. HOULY HILL, FL.3 10. 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 fill 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 fe owed by the corporation have been paid agrifue names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(6, F.S. The information indication in the content of the corporation in the corporation indication in the corporation indication in the corporation in the corporation indication.	HAUNON K. WESS -03/24/0001030029									
Registered Agent Registered A		city HOL	LY HI	LL						
Name of Officer and/or Directors Street Address of Each Officer and/or Director	Signature of		kujfr	mSKI	Mu	ar with and accep	t the obli	igations of secti	8/7/20	CHOPERAL (9/9)
PRYMOND WEBB 1514 DINE AVE. HOLLY HILL, FL, 3 10. 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 fill 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 fe 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 indictions are considered 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 indictions are considered.	9. Names a	and Street Addles	ses of Each Officer and	l/or Director (Florida	nonprofit co			st 3 directors)	1	
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on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE AND T PED OR/PRINTED NAME OF SIGNING OFFICER OR BRECTOR Date Define Phone #	10. I certify the this reins owed by on this a	statement applicat the corporation hi pplication is true a	tion, the reason for diss ave been paid and the and accurate, and my s	otution has been etin names of individuals ignature shall have th	ninated, the listed on thi ng same leg	corporate name s is form do not qua al effect as if mad	atisfies t lify for ar	he requirements rexemption und	s of section 607.0401 or 617.0401,	F.S., that all fees