

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING **APPROVED AND FILED**

APPLICATION
FOR
REINSTATEMENT



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

1996 DEC 12 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L94731**

1. Corporation Name

SIGNS NOW OF BROWARD, INC.

Principal Place of Business

6131 STIRLING ROAD
DAVE FL ~~33324~~

Mailing Address

6131 STIRLING ROAD
DAVE FL ~~33324~~

WRONG ZIP CODE!

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **33314**

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip **33314**

Country

4. Date Incorporated or Qualified
To Do Business In Florida

08/21/1990

5. FEI Number

65-0212775

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P	BRITT, DOUGLAS W	8639 GRASSY ISLES TRAIL	LAKE WORTH FL 33467
T	BRITT, JANICE L	8639 GRASSY ISLES TRAIL	LAKE WORTH FL 33467

600002035556--0
-12/20/96--01108--005
****375.00 ****375.00

REINSTATEMENT

8. Name and Address of Current Registered Agent

BRITT, DOUGLAS W.
6131 STIRLING RD
DAVE FL 33314

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

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

Douglas W. Britt

REGISTERED AGENT MUST SIGN

Date **12-2-96**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☒ No ☐

(See other side for information
on intangible tax.)

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:

Douglas W. Britt **DOUGLAS W. BRITT**

Date

Daytime Phone #

12-2-96 954 791-9585