## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

To Country 33018  Country 33355  Country 33355  Country 33355  Country 33355  Country 450  Certificate of Status Desired  Fig. 33325  Street Address (P.O. Box Number is Not Acceptable)  Street Address of Each Officer and/or Directors  City / State / Zip  May 11, 2004  May 11, 2004  P. MILLARD BAKER  Syn Number is	CORPORATION REINSTATEMENT FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS								FILED  04 MAY 13 AM 10: 01				
P.O. BOX 550309  2. Principal Office Address 3. Malling Office Address P.O. BOX 550309  Suite, Apt. #, etc.  Suite	1. Corporat	tion Name						T.	ALLAHAS	SSEE, FLORIG	)A		
Suite, Apt. #, etc.  City & State  HIALEAH, FL.  Zp  Country  33018  Country  Zp  Country  Zp  Country  Zp  Country  Zp  Country  System Address of Current Registered Agent  Norre  No									3000	137292	438		
SUITE 22H  City & State HIALEAH, FL.  FT. LAUDERDALE, FL.  To Do Business in Florids January 1, 1986  S. FEI Number 52723092  Country 33018  Country 33355  USA  To Name and Address of Current Registered Agent  Name and Address (P.O. Box Number is Not Acceptable)  Signature of Registered Agent	3450 W	1 Total Control of the Control of th							05/25/0401052005(**300.00				
City & State   FT. LAUDERDALE, FL.   5. FEI Number   52723092   Not Applied	SUITE 2	22H				, etc.		4. Date In To Do	corporated or Business in Fl	Qualified orida January 1,	1986		
System   Address of Current Registered Agent	·					•			5. FEI Number Applied For				
Name and Street Addresses of Each Officer and/or Directors  P. MILLARD BAKER  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  MILLARD BAKER  Street Address of Each Officer and/or Directors  Street Address of Each Officer and/or Directors  May 133 WAY  PLANTATION, FL. 33325  10. Lently that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when 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 at one this application is two and accurate, and my signature shall have the same legal effect as if made under eath.  **Control of the Control of Street Address of Each Officer or director or the receiver or trustee empowered to execute this application under section 119.07(3)(i), F.S. The information into on this application is two and accurate, and my signature shall have the same legal effect as if made under eath.  **Control of Street Address of Each Officer or director or the receiver or trustee empowered to execute this application under section 119.07(3)(i), F.S. The information into on this application is two and accurate, and my signature shall have the same legal effect as if made under eath.						_	6. CERTIF	CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee reconstruction of States					
MARILYN J. BAKER  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, Etc.  City PLANTATION,  State FL 33325  8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent Must Sign  P. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Signature of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Officer and/or Director PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  10. Lordity that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 807 or 817, F.S. I further certify that when 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 owned by the corporation have been paid and the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information in on this application is the and accurate, and my signature shall have the same legal effect as if made under cath.		Nome			7.	Name and A	ddress of Current Reg	istered Agent					
Suite, Apt. #, Etc.  City PLANTATION,  State Zip Code 333225  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent May 11, 2004  Registered Agent May 11, 2004  Registered Agent Must Sign  Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  Titles Officers and/or Directors Sireet Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P MILLARD BAKER 693 NW 133 WAY PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  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 807 or 617, F.S. I further certify that when 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 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 in on this application is true and accurate, and my signatures shall have the same legal effect as if made under oath.		MARILYN J. BAKER											
City PLANTATION,  State Zip Code 33325  8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 817.0503, F.S.  Signature of Registered Agent May 11, 2004  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 Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip  P MILLARD BAKER 693 NW 133 WAY PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  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 807 or 817, F.S. I further certify that when 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. The information into in this application 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 into in this application is tree and accurate, and my signature shall have the same legal effect as if made under cath.		Street Address (P.O. Box Number is Not Acceptable) 693 NW 133 WAY											
PLANTATION,  8. I, being appointed the registered agent of the above named corporation, and familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.  Signature of Registered Agent  May 11, 2004  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  Name of Officers and/or Directors  Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)  P MILLARD BAKER  693 NW 133 WAY  PLANTATION, FL. 33325  VP MARILYN BAKER  693 NW 133 WAY  PLANTATION, FL. 33325  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 807 or 817, F.S. I further certify that when 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 owed by the corporation have been paid and the names of individuals tisted on this application is true and accurate, and my signature shell have the same legal effect as if made under oath.  **CITIVENT**  **CITIVENT**  **The Information in the proposition have been paid and the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(0, F.S. The information in on this application is true and accurate, and my signature shell have the same legal effect as if made under oath.  **CITIVENT**  **The Information in the proposition is an and accurate, and my signature shell have the same legal effect as if made under oath.		Suite, Apt. #, Etc.											
Signature of Registered Agent Multiple Control 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 Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director P MILLARD BAKER 693 NW 133 WAY PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  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 807 or 817, F.S. I further certify that when 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 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 into on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			ATION	·								,	
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director Officer and/or Director Officer and/or Director PLANTATION, FL. 33325  WP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  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 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 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 into on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Signature of	m	e register	ed agent of the a	Baken			the obligations of s				Course Backer	
P MILLARD BAKER 693 NW 133 WAY PLANTATION, FL. 33325  VP MARILYN BAKER 693 NW 133 WAY PLANTATION, FL. 33325  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 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 owed by the corporation have been paid and the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information ind on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	9. Names	and Street A	ddresses	of Each Officer	and/or Director (FI	orida nonprot	fit corporations must list	at least 3 director	s)				
MARILYN BAKER  693 NW 133 WAY  PLANTATION, FL. 33325  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 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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Titles												
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 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 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 into on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.	Р	MILLARD BAKER				693 NW 133 WAY			PLAN	PLANTATION, FL. 33325			
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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  The corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.	VP	MARILYN BAKER				693 NW 133 WAY			PLANTATION, FL. 33325				
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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  The corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.		ı a											
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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  The corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.												ĺ	
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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  The corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.			·							2			
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 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 indo on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.  The corporation is true and accurate, and my signature shall have the same legal effect as if made under oath.													
SIGNATURE: May 11, 2004 954-846-8810  SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  Date  Da	this reir owed b on this	nstatement apply the corpora application is	pplication, ation have true and MGC	the reason for of been paid and the accurate, and many of the surface of the surf	iissolution has bee he names of indivi y signature shall h ". Bake	in eliminated, duals listed o ave the same	, the corporate name sat on this form do not qualif e legal effect as if made	tisfies the requirently for an exemption under oath.	ents of section under section	n 607.0401 or 617.04 119.07(3)(I), F.S. The 004 954-846	01, F.S., that a e information i	all fees	

6

SIGNAL MAINTENANCE, INC.
3450 W. 84 STREET
SUITE 202H
HIALEAH, FL. 33018
P.O. BOX 550309
FT. LAUDERDALE, FL. 33355
954-846-8810
May 11, 2004

To Whom It May Concern:

I have just realized that I did not get our corporate papers this year and in checking I find that do to not receiving our address change our status was changed to inactive. I am enclosing a check for three hundred dollars and hope we will be allowed to abate any and all penalties.

Sincerely,

Marilyn J. Baker

Marilyn J. Baker

Vice President