

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -7 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M97523

1. Corporation Name

SIGNATURE CONTRACTING CORPORATION

Principal Place of Business

SIGNATURE CONTR. CORP.  
SUITE 203  
COCONUT CREEK FL 33073  
US

Mailing Address

7720 NW 56 WAY  
CORAL SPRINGS FL 33071  
US

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

Suite, Apt. #, etc.

9600 W. SAMPLE RD #401  
CITY & STATE  
CORAL SPRINGS, FL.

Zip  
33065

Country  
US

Suite, Apt. #, etc.

9600 W. SAMPLE RD #401  
CITY & STATE  
CORAL SPRINGS, FL.

Zip  
33065

Country  
US

4. Date Incorporated or Qualified  
To Do Business in Florida

09/07/1988

5. FEI Number

65-0081355

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PST	JOHNSTON, JAMES	419 N.W. 104 AVENUE	CORAL SPRINGS FL
D	JOHNSTON, JAMES	419 N.W. 104 AVENUE	CORAL SPRINGS FL

8. Name and Address of Current Registered Agent

JOHNSTON, JAMES  
419 N.W. 104 AVENUE  
CORAL SPRINGS FL 33071

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

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. or 617.0505, F.S.

Signature of  
Registered Agent

*James Johnston*  
REGISTERED AGENT MUST SIGN

Date

10/31/02

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)(l), 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.

James Johnston

SIGNATURE:

*James Johnston*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/31/02

Daytime Phone #

CR2040 (8/02)



***SIGNATURE CONTRACTING CORPORATION***

**9600 W. Sample Road, Suite 401, Coral Springs, Florida 33065**

**Office: 954 - 755 - 1163**

**Fax: 954 - 753 - 8573**

October 31, 2002

Division of Corporations  
9600 W. Sample Road, Suite 401  
Coral Springs, Fl. 33065

Ref: Corporate Reinstatement

To whom it may concern:

I had previously mailed my original document on October 16, 2002 with a check for \$ 750.00 to the Division of Corporations which I interpreted as a late fee requirement due by Signature Contracting. This check for \$ 750.00 was cashed by the State of Florida upon acceptance. Recently I received the enclosed reinstatement form which I completed and enclosed. I then contacted a representative of the Corporation Division and was instructed to write this letter explaining why there is no check attached.

Thank you for your consideration of this matter

James Johnston, President