

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROPRIATE
FILED

06 AUG 22 AM 10: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N03000004471

1. Corporation Name

Signature Workshops Inc.

2. Principal Office Address

7131 Grand Nat'l Dr.

Suite, Apt. #, etc.

Ste 101

City & State

Orlando, FL

Zip

32819

Country

USA

3. Mailing Office Address

7131 Grand National Drive

Suite, Apt. #, etc.

Ste 101

City & State

Orlando, FL

Zip

32819

Country

USA

REINSTATEMENT

CR2E081 (12/05)

04-06

4. Date Incorporated or Qualified
To Do Business in Florida

5/19/2003

5. FEI Number

NONE

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Robin G. Parker

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

7131 Grand National Drive

Suite, Apt. #, Etc.

Ste 101

City

Orlando

State

FL

Zip Code

32819

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

Robin G. Parker

Date

8/17/06

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
D	Robin G. Parker	7131 Grand Nat'l Dr. Ste 101	Orlando, FL 32819
D	Jessica Smith	7131 Grand Nat'l Dr Ste 101	Orlando, FL 32819
D	Joseph Hodge	7131 Grand Nat'l Dr Ste 101	Orlando, FL 32819
D	Arnold Parker	7131 Grand Nat'l Dr Ste 101	Orlando, FL 32819

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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 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 contained in Chapter 119, 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:

Robin G. Parker

Robin G. Parker 8/17/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/22/06