

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 OCT 30 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000055049

1. Corporation Name

SIGNWORKS PLUS, INC.

Principal Place of Business

7115 STAE ROAD 54
NEW PORT RICHEY FL 34653

Mailing Address

7115 STAE ROAD 54
NEW PORT RICHEY FL 34653

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

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

5. FEI Number

59-3654237

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

2

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

ARZU, ALBERT J JR.

7115 STATE ROAD 54

NEW PORT RICHEY FL 34653

500008693835

10/30/02--01032--014 **150.00

8. Name and Address of Current Registered Agent

COLE, KATHY L
205 W. MLKING BLVD., #204
TAMPA FL 33603

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

CR2E040 (802)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

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)(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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT J. ARZU

Date

Daytime Phone #

10/25/02 375-7601

SignWorks Plus, Inc.
7115 State Road 54
New Port Richey, FL. 34653

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL. 32314

Dear Sir:

Please be advised that we did not receive notice in order to renew SignWorks Plus, Inc. This is the first notice that we have received.

Our address has always been the same and we have not relocated. We are always prompt with matters such as this, and ask that you accept our renewal without having to pay reinstatement fees.

Attached is a check hoping that you will accept.

Sincerely,


Albert Arzu
President