

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAR 28 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 900000655187.

1. Corporation Name

Ruff Signs & Grafix, Inc.

2. Principal Office Address

6131 Stirling Rd

Suite, Apt. #, etc.

City & State

Davie, FL

Zip

33314

Country

USA

3. Mailing Office Address

W03-5521
6131 Stirling RD

Suite, Apt. #, etc.

City & State

Davie FL

Zip

33314

Country

U.S.A

REINSTATEMENT

01-03

05-14-02 90206 004 \$900.00

**4. Date Incorporated or Qualified
To Do Business in Florida**

6/15/2000

5. FEI Number

65-1021314

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

Ansari + Rustam

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

6131 Stirling RD

Suite, Apt. #, Etc.

City

Davie

State

FL

Zip Code

33314

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

[Signature]
REGISTERED AGENT MUST SIGN

Date 02/17/03

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
PD	ANSARI RUSTAM, PRESIDENT	6864 NW 26 STREET	MARGATE FL, 33063

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/17/03

Date

954-321-9700

Daytime Phone #

CR2E081 (10/02)