PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINSTATEMENT	DEPARTMENT OF STATE Secretary of State ISION OF CORPORATIONS		10 DEC 30
1. Corporation Name			3 3
HI-TECH SIGNS AND GRAPHICS, INC			1:02
2. Principal Office Address - No P.O. Box# 3. Meiling Office Address 12490 NW 124 Street 10690 NW 123 Street		200189098102 12/29/1001033004 **750.00	
12490 NW 124 StreeT 10690 NW 123 STREET Suite, Apt. #, etc. Suite, Apt. #, etc.		CR2E081 (6/10)	
unit 107 Bay 107		Date Incorporated or Qualified To Do Business in Florida	
Medley, FL Nedley, FL		5. FEI Number 651069742 Applied For Not Applicable	
$\begin{vmatrix} z_{1p} \\ 33/78 \end{vmatrix}$ Country $US \begin{vmatrix} z_{1p} \\ 33/7 \end{vmatrix}$	$v g \mid^{\text{Country}} v g \mid$	6. CERTIFICATE OF STATUS DESIRED	\$8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent			
Name Alfredo Julia			
Street Address (P.O. Box Number is Not Acceptable) 12490 NW 124 57		REINSTATEMENT	
Suite, Apt, #, Etc., / 107		ANTO	
City Medlec/ State Zip Code FL 33.178		$\partial \omega \omega$	j
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 REGISTERED AGENT MUST SIGN		Dato	27-10
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 for Directors	Street Address of Each Officer and/or Director		/ State / Zip
P Afredo Julia	12490 NW 124	1st Medley	1,FL
		S. HAW	KES
		05.5 3	0 2010
		EXAMI	NER
10. E-mail Address: hitech 69 @ bell 30uth. ne-			
11 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 filting 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 part further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under cath.			
SIGNATURE: MELLIMIC SIGNATURE AND TYPED OR PRIN	ED NAME OF SIGNING OFFICER OR DIRECTO	12-27-1 OR Date	Daytime Phone #