

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

05 AUG 16 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Corporation Name
P00000107881
SIGN TIME, INC.

2. Principal Office Address
2307 S. Orange Avenue

3. Mailing Office Address
2307 S. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando, FL

City & State
Orlando, FL

Zip
32806

Country
U.S.A.

Zip
32806

Country
U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida 11/17/2000

5. FEI Number
59-3682893

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

REINSTATEMENT 01-05

7. Name and Address of Current Registered Agent

Name
Alphonso Tompkins

Street Address (P.O. Box Number is Not Acceptable)
2307 S. Orange Avenue

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32806

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 Alphonso Tompkins
REGISTERED AGENT MUST SIGN

Date 8/16/05

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	Alphonso Tompkins	2307 S. Orange Avenue	Orlando, FL 32806

100059017711
08/26/05--01042--011 **1350.00

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: Alphonso Tompkins 8/16/05 407-316-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (01/05)