

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P00000110668

1. Corporation Name

AARDVARK DISPLAYS & GRAPHICS, INC.

Principal Place of Business

4251 N. WASHINGTON BLVD.  
SARASOTA FL 34234

Mailing Address

4251 N. WASHINGTON BLVD.  
SARASOTA FL 34234

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified  
To Do Business in Florida

11/27/2000

5. FEI Number

~~65-0849115~~  
65-1057785

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	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	THOMAS, NORMAN H	4251 N. WASHINGTON BLVD.	SARASOTA FL 34234
DCO	MACLENNAN, SANDRA	4251 N WASHINGTON BLVD NORTH	SARASOTA FL 34234

03/31/02 90353 028  
\$150.00

8. Name and Address of Current Registered Agent

THOMAS, NORMAN H  
4251 N. WASHINGTON BLVD.  
SARASOTA FL 34234

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State Zip Code

FL

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

Date

REGISTERED AGENT MUST SIGN

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

11/14/02 941-359-8779

Date

Daytime Phone #

CR2E040 (8/02)

Aardvark Displays & Graphics, Inc.  
4251 N. Washington Blvd. #C3  
Sarasota, FL 34234

November 14, 2002

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

Attn: Michelle Milligan

RE: Aardvark Displays & Graphics, Inc.  
Ref #: P00000110668

We filed the annual report in a timely manner on March 31, 2002, with a check in the amount of \$150.00. We also noted a name change and a FEI # correction on the annual report. This resulted in numerous requests which we responded to within the deadlines of each and every request.

We are enclosing copies of all letters and responses for your review.

We do hereby respectfully request that the reinstatement late fees be waived as the original annual report was filed timely along with various subsequent documents.

Sincerely,

  
Sandra MacLennan

*2002*

*Portable Display  
products designed  
for people who  
believe in simplicity.  
We provide visual  
marketing tools  
with lightweight  
components and  
interchangeable  
graphics that will  
accommodate your  
changing needs.*

**1-866-462-2738**  
[www.aardvarkdisplays.com](http://www.aardvarkdisplays.com)

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