

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000017104

1. Corporation Name

SIGNS & GRAPHICS CORPORATIONS

Principal Place of Business

11455 S. ORANGE BLOSSOM TRAIL
SUITE 12
ORLANDO FL 32837

Mailing Address

11455 S. ORANGE BLOSSOM TRAIL
SUITE 12
ORLANDO FL 32837

FILED
03 OCT 31 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT US

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

02/14/2001

5. FEI Number

65-1123183

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	CAMACHO, DARIO	4661 SW 66TH AVE #3	DAVE FL 33314
D	CAMACHO, DARIO	6635 Banner Lake Circle Apt 4212	Orlando, FL 32821

100024335391
10/31/03--01068--015 **158.75

8. Name and Address of Current Registered Agent

CAMACHO, DARIO
4661 SW 66TH AVE #3
DAVE FL 33314

9. Name and Address of New Registered Agent

Name CAMACHO, DARIO
Street Address (P.O. Box Number is Not Acceptable)
6635 Banner Lake Circle
Suite, Apt. #, Etc.
Apt. # 4212
City Orlando
State FL Zip Code 32821

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]
REGISTERED AGENT MUST SIGN

Date 10-08-03

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

DARIO CAMACHO.

Date

Daytime Phone #

10-08-03 407-888-8131

Signs & Graphics, Corp.
1455 S. Orange Blossom Trail, Suite 12
Orlando, FL 32837
Telephone 407 888 8131

October 22, 2003

State of Florida
Department of State
Division of Corporations
Annual Report/reinstatement Section
PO Box 6327
Tallahassee, FL
32314-6327

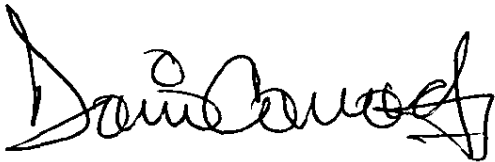
Reference: Document # P01000017104

Please find enclosed an Application for Reinstatement for the above mentioned corporation, together with a check in the amount of \$\$158.75.

The purpose of this letter is to request abatement of the penalty. The reason is that the original notices were never received. The corporation's address has changed, and the change was reflected on the state's records in July of 2003.

Thank you very much.

Sincerely

A handwritten signature in black ink, appearing to read 'Dario Camacho', with a stylized flourish at the end.

Dario Camacho
President