## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT	Secretary of State		FILED 07 MAY -8 PM 1:17	
DOCUMENT # POIOU0026341  1. Corporation Name  SIGNS IN SECONDS OF BRADENTON, INC				SECRETARY OF STATE ALLAHASSEE, FLORIDA
Principal Office Address - No P.O. Box #  2318 53 AVE W.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Readown 70 A F-C		_	CR2E081 (1/07)  4. Date Incorporated or Qualified To Do Business in Florida  3/14/200/  5. FEI Number  65-/13/254  Not Applied For Not Applicable	
BRADENTON, FL Zip 34205 Country MANATEE	Zip	Country	6.	OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status
Name  TOP BLACK  Street Address (P.O. Box Number is Not Acceptable)  2318 53 AVE W.  Suite, Apt. #, Etc.  City BRADENTON  State Zip Code 347205			The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
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 Date 5/7/0 7  REGISTERED AGENT MUST SIGN				
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
P,T TOR BLACK		4216 100 ST. W.		BRADONTON, 1=( 34210
VP,S RICHARD BLACK	421	16 100 57. W.		BRADONTON FC 34210
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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 filling 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 contained in Chapter 119, 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: 5/07/0 7 941-5/8-4048 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #				