

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV 15 AM 10:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800009021408  
11/15/02--01047--012 \*\*150.00

DOCUMENT # P01000066329

1. Corporation Name

BICKEL SIGN SYSTEMS, INC.

Principal Place of Business

2303 SW 15TH ST  
POMPANO BEACH FL 33069

Mailing Address

2303 SW 15TH ST  
POMPANO BEACH FL 33069

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

2. New Principal Office Address, If Applicable

7224 Sandscove Court

Suite, Apt. #, etc.

Suite 3

City & State

Winter Park, FL

Zip

32792

Country

USA

3. New Mailing Office Address, If Applicable

7224 Sandscove Court

Suite, Apt. #, etc.

Suite 3

City & State

Winter Park, FL

Zip

32792

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

07/05/2001

5. FEI Number

59-3741899

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BICKEL, TERRY T	11370 WOODCHUCK LANE	BOCA RATON FL 33428
D	BICKEL, SCOTT T	324 TIMBERWOOD TRAIL	OVIEDO FL 32765
D	BICKEL, MARILYN K	11370 WOODCHUCK LANE	BOCA RATON FL 33428
D	BICKEL, JANIS M	324 TIMBERWOOD TRAIL	OVIEDO FL 32765

8. Name and Address of Current Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

11/13/02

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

11/13/02  
Date

407-657-9000  
Daytime Phone #

CR2E040 (8/02)

November 13, 2002

To Whom It May Concern:

This letter is to confirm that I did not receive any UBR reports/notices. My address is a different location and has been such for over a year. Thank-You.

Scott T. Bickel

A handwritten signature in black ink, appearing to read 'Scott T. Bickel', written over a horizontal line.

V.P. Bickel Sign Systems, Inc.