Pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 NOV 14 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000080760

1. Corporation Name

Show-N-Tell Signs, Inc.

W06 - 47912

05-06

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
3860 S.W. County Rd. 18	P.O. Box 961
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort White, FL	City & State: Fort White, FL
Zip: 32038 Country: USA	Zip: 32038 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/13/2001

5. FEI Number: 593743180 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Robert Jammer

Street Address (P.O. Box Number is Not Acceptable): 3860 S.W. County Rd. 18

Suite, Apt. #, Etc.:

City: Fort White | State: FL | Zip Code: 32038

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: 10-16-06

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
President	Robert Jammer	3860 S.W. County Rd. 18	Fort White, FL 32038
Vice Pres.	Nikki Jammer	3860 S.W. County Rd. 18	Fort White, FL 32038
Treasurer	Robert Jammer	3860 S.W. County Rd. 18	Fort White, FL 32038

400081362814
10/31/06--01026--015 **211.25
400081362814
11/15/06--01015--002 **88.75

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 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: _____ Robert Jammer 10-16-06 386-497-2390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JC 11/14

PS.2 of

Show-N-Tell

SIGN, NEON & LIGHTING SPECIALIST

P.O. Box 961 Ft. White, FL. 32038 Phone: 386-497-2390 Fax: 386-497-2130

August 18, 2006

To whom it may concern:

Show-N-Tell Signs, Inc. to the best of our knowledge, did not receive a notice of renewal, or dissolution.

Thank you,
Robert Jammer
President