

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC -1 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

500138326835
12/01/08--01044--012 **300.00

CR2E081 (10/08)

DOCUMENT # **POH-80760**

1. Corporation Name

Show-N-Tell Signs, Inc.

2. Principal Office Address - No P.O. Box #

3860 SW CR 18

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 961

Suite, Apt. #, etc.

City & State

Ft. White, FL

Zip Country

32038 Columbia

City & State

Ft. White, FL

Zip Country

32038 Columbia

4. Date Incorporated or Qualified
To Do Business in Florida

August 13, 2001

5. FFI 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 SW CR 18

Suite, Apt. #, Etc.

City **Ft. White**

State **FL**

Zip Code **32038**

☒ 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

REGISTERED AGENT MUST SIGN

Date **11-24-08**

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
Pres.	Robert Jammer	3860 SW CR 18	Ft. White, FL 32038
V-Pres.	Nikki Jammer	3860 SW CR 18	Ft. White, FL 32038

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:

Nikki Jammer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/24/08
Date

352-318-2166
Daytime Phone #

As per telephone conversation with Nikki Jammer on 12/2

on 12/2