

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 DEC 31 AM 8:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

200009769182

12/31/02--01057--003 \*\*750.00



REINSTATEMENT 02

DOCUMENT # P01000080760

1. Corporation Name

SHOW-N-TELL SIGNS, INC.

Principal Place of Business

SW TYRUS WAY  
FT WHITE FL 32038

Mailing Address

SW TYRUS WAY  
FT WHITE FL 32038

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

2. New Principal Office Address, If Applicable

3860 S.W. C.R. 18  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

PO Box 961  
Suite, Apt. #, etc.

4. Date incorporated or Qualified  
To Do Business in Florida

08/13/2001

5. FEI Number

59-3743180

Applied For

Not Applicable

City & State

FT white FL

City & State

FT white FL

Zip

32038

Country

USA

Zip

32038

Country

USA

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

PT

JAMMER, ROBERT W

3

Street Address of Each  
Officer and/or Director

SW TYRUS WAY  
3860 S.W. C.R. 18

4

City / State / Zip

FT WHITE FL 32038

8. Name and Address of Current Registered Agent

JAMMER, ROBERT W  
SW TYRUS WAY  
FT WHITE FL 32038

3860 S.W. C.R. 18

9. Name and Address of New Registered Agent

Name

Robert W Jammer

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

3860 S.W. C.R. 18

Suite, Apt. #, Etc.

City

Fort white

State

FL

Zip Code

32038

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 12-20-02

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12-20-02 386-497-1924

Daytime Phone #

CR2040 (8/02)