PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 16 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600023857266
10/16/03--01059--002 **150.00

DOCUMENT # P02000034024

1. Corporation Name

THE SIGN SHOP, INC

REINSTATEMENT 03

2. Principal Office Address	**3.** Mailing Office Address
5130 S. STATE Rd 7	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Ft. Lauderdale, FL	
Zip / Country	Zip / Country
33314 / USA	

4. Date Incorporated or Qualified To Do Business In Florida 03/28/02

5. FEI Number 65-0792440 — ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $6.75 Additional Fee required for Certificate of Status

7. Name and Address of Current Registered Agent

Name: MARIA OFARRILL

Street Address (P.O. Box Number is Not Acceptable): 5130 S. STATE ROAD 7

Suite, Apt. #, Etc.:

City: Ft. Lauderdale | State: FL | Zip Code: 33314

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: M E Ofarrill — Date: 10-09-03
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/D	MARIA OFARRILL	5130 S. STATE ROAD 7	Ft. Lauderdale FL 33314

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 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: M E Ofarrill — 10/05/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CABRERA ACCOUNTING SERVICES
5797 ORANGE DRIVE • DAVIE, FLORIDA 33314 • (954) 587-6718

OCTOBER 09, 2003

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
DEPARTMENT OF REINSTATEMENT
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314-6327

RE: THE SIGN SHOP, INC.

TO WHOM IT MAY CONCERN:

ATTACHED, PLEASE FIND THE CORPORATION REINSTATEMENT FORM, FOR THE SIGN SHOP, INC., FOR THE YEAR 2003, TOGETHER WITH A CHECK IN THE AMOUNT OF $150.00.

WE REQUEST THAT, THE PENALTY OF $600.00 BE ABATED BECAUSE PREVIOUS NOTICES WERE NEVER RECEIVED.

THANKING YOU IN ADVANCE FOR YOUR COOPERATION IN THIS MATTER AND AWAITING YOUR REPLY, WE REMAIN,

SINCERELY,

ARMANDO CABRERA, ACCOUNTANT.

Cc: THE SIGN SHOP, INC.