

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1072

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 FEB -7 PM 4:36

DOCUMENT # P03000050003

1. Corporation Name

YES; ECONOMY SIGN INCORPORATED

2. Principal Office Address

7459 MARSEILLE CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32822

Country

USA

3. Mailing Office Address

7459 MARSEILLE CIR

Suite, Apt. #, etc.

City & State

ORLANDO, FLORIDA

Zip

32822

Country

USA

**REINSTATEMENT** 04-05

4. Date Incorporated or Qualified  
To Do Business in Florida

5/6/2003

5. FEI Number

20-0632892

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

DIGNA M. NUÑEZ

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

7459 MARSEILLE CIR

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32822

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

*Digna M. Nuñez*

REGISTERED AGENT MUST SIGN

Date 02 03 05

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	DIGNA M. NUÑEZ	7459 MARSEILLE CIR	ORLANDO; FL; 32822
VP	CARLOS C. NUÑEZ	7459 MARSEILLE CIR	ORLANDO; FL; 32822

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: *Digna M. Nuñez* DIGNA NUÑEZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

02-03-05

Daytime Phone #

407-2739267

CR2E081 (01/05)

202

**YES, ECONOMY SIGNS INCORPORATED**  
**7459 MARSEILLE CIR**  
**ORLANDO, FL, 32822**  
**PHONE: (407) 273-9267**

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February 03, 2005

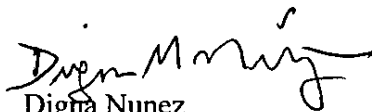
**Florida Department of State**  
**Division of Corporation**  
**P. O. Box 6327**  
**Tallahassee, FL, 32812**

**Ref: UBR 2004 and 2005 P 0300005003.**

Dear Office Manager:

We are sending to your office the payment for \$300.00 for UBR 2004 AND 2005 and Form with changes to make. I beg to inform you, we don't received any corresponded for renewal this statement.

Sincerely,

  
Digna Nunez  
President