

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

**DOCUMENT # P03000113318**

1. Entity Name  
**SIGN FACTORY USA, INC.**



Principal Place of Business  
**1610 EDELSHERAN  
LAKE MARY, FL 32746**

Mailing Address  
**1610 EDELSHERAN  
LAKE MARY, FL 32746**

2. Principal Place of Business  
**1677 E.E. WILLIAMSON**

3. Mailing Address  
**1677 E.E. WILLIAMSON RD**

Suite, Apt. #, etc.

City & State  
**LONGWOOD - FLORIDA**

City & State  
**LONGWOOD - FLORIDA**

Zip  
**32779**

Country  
**USA**

Zip  
**32779**

Country  
**USA**

**FILED**

**05 JAN -3 PM 12:23**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



12072004 REIN-P CR2E098 (6/04)

6. Name and Address of Current Registered Agent

**INCORPORATE USA, INC.  
3150 SANDY RIDGE DR  
CLEARWATER, FL 33761**

4. FEI Number  
**20-0302790**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

**N/A**

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MANEKIA, MOHAMMED 1610 EDELSHERAN LAKE MARY, FL 32746 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MANEKIA, MOHAMED 1677 E.E. WILLIAMSON RD. LONGWOOD, FL 32779 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>* CHANGE OF ADDRESS ONLY.!</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>300043472713</b> <b>12/16/04--01070--015 **150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>300043472713</b> <b>12/16/04--01070--014 **8.75</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MOHAMED MANEKIA, PRES.**

Date **Dec 13 2004** 407-467-1656

Daytime Phone #