


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P03000128942</b> 1. Entity Name DIVERSIFIED SIGNS, INC.						<b>FILED</b> 04 OCT 18 AM 9:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA <b>REINSTATEMENT 2004</b>	
Principal Place of Business 1606 NEWPORT AVENUE DELAND, FL 32724				Mailing Address 431 N. STONE STREET DELAND, FL 32724			
2. Principal Place of Business		3. Mailing Address		10132004 REIN-P CR2E098 (6/04)		4. FEI Number <b>92-0198231</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. Name and Address of Current Registered Agent SJODIN, RONALD W 810 EASTOVER CIRCLE DELAND, FL 32724		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
Zip		Country		Zip		Country	
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. SIGNATURE: <u>Ronald W. Sjodin</u> <u>V.P.</u> <span style="float: right;">10-14-04</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2005, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D BRADOV, WILLIAM 431 N. STONE STREET DELAND, FL 32720			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D SJODIN, RONALD W 810 EASTOVER CIRCLE DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	50004193725 10/18/04--01061--001 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D BRADOV, WILLIAM 431 N. STONE STREET DELAND, FL 32724			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D SJODIN, RONALD W 810 EASTOVER CIRCLE DELAND, FL 32724			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 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 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: <u>Ronald W. Sjodin</u> / <u>Ronald W. Sjodin</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				10-14-04 386-736-0903 <small>Date Daytime Phone #</small>			