

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 08 JAN 25 AM 9:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA 100116103901 01/25/08--01033--008 **450.00																													
DOCUMENT # P04000002808																																	
1. Corporation Name Wall & Sign Specialists, Inc.																																	
2. Principal Office Address - No P.O. Box # 12824 LAKE TREE LANE Suite, Apt. #, etc.		3. Mailing Office Address 12824 LAKE TREE LANE Suite, Apt. #, etc.		REINSTATEMENT 4. Date Incorporated or Qualified To Do Business in Florida 1-02-2004 5. FEI Number 200590154 ☐ Applied For ☒ Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☒ \$5.75 And 1 year fee required for a Certificate of Status																													
City & State HUDSON, FLORIDA		City & State HUDSON, FLORIDA																															
Zip 34669	Country PASCO	Zip 34669	Country PASCO																														
7. Name and Address of Current Registered Agent Name DALE VESPER (WAS KELLY DREW) Street Address (P.O. Box Number is Not Acceptable) 12824 LAKE TREE LANE Suite, Apt. #, Etc. City HUDSON State FL Zip Code 34669																																	
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 <u>Dale Vesper</u> Date _____ REGISTERED AGENT MUST SIGN																																	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Title</th> <th>Name of Officers and/or Directors</th> <th>Street Address of Each Officer and/or Director</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>P</td> <td>Vesper, Dale</td> <td>12824 LAKE TREE LANE</td> <td>HUDSON, FL 34669 US</td> </tr> <tr> <td>VP</td> <td>Vesper, Mitchell</td> <td>7710 CHRISTINA LANE</td> <td>PORT RICHEY, FL 34668 US</td> </tr> <tr> <td>S</td> <td>Vesper, Dale</td> <td>12824 LAKE TREE LANE</td> <td>HUDSON, FL 34669 US</td> </tr> <tr> <td>D</td> <td>Vesper, Dale</td> <td>12824 LAKE TREE LANE</td> <td>HUDSON, FL 34669 US</td> </tr> <tr> <td>D</td> <td>Klunder, Doug</td> <td>15468 BURBANK DRIVE</td> <td>BROOKSVILLE, FL 34604 US</td> </tr> <tr> <td>D</td> <td>Vesper, Mitchell</td> <td>7710 CHRISTINA LANE</td> <td>PORT RICHEY, FL 34668 US</td> </tr> </tbody> </table>						Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip	P	Vesper, Dale	12824 LAKE TREE LANE	HUDSON, FL 34669 US	VP	Vesper, Mitchell	7710 CHRISTINA LANE	PORT RICHEY, FL 34668 US	S	Vesper, Dale	12824 LAKE TREE LANE	HUDSON, FL 34669 US	D	Vesper, Dale	12824 LAKE TREE LANE	HUDSON, FL 34669 US	D	Klunder, Doug	15468 BURBANK DRIVE	BROOKSVILLE, FL 34604 US	D	Vesper, Mitchell	7710 CHRISTINA LANE	PORT RICHEY, FL 34668 US
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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 reinstatement 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 contained in Chapter 119, 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: <u>Dale Vesper</u> 1-24-2008 (727) 869-3070 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #																																	