REINSTATEMENT

DOCUMENT # P04000035973

1. Entity Name
SIGNATURE SPECIALTIES, INC.

FILED
06 MAR 16 PM 4:09

Principal Place of Business	Mailing Address
2909 LATERN DR SOUTH DAYTONA, FL 32119	2909 LATERN DR SOUTH DAYTONA, FL 32119

03142006 REIN-P CR2E098 (11/05)

2. Principal Place of Business	3. Mailing Address
2909 LANTERN DR.	2909 LANTERN Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SOUTH DAYTONA	City & State: SOUTH DAYTONA
Zip: 32119 Country: VOLUSIA	Zip: 32119 Country: VOLUSIA

4. FEI Number: 20-0798148 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CRIDER, WILLIAM KYLE
2909 LATERN DR
SOUTH DAYTONA, FL 32119

7. Name and Address of New Registered Agent

Name: CRIDER, WILLIAM KYLE
Street Address (P.O. Box Number is Not Acceptable): 2909 LANTERN DR.
City: SOUTH DAYTONA **FL** Zip Code: 32119

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: Will Crider 3/13/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $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	D CRIDER, WILLIAM KYLE 2909 LATERN DR SOUTH DAYTONA, FL 32119	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300069053755 03/30/06--01045--014 **308.75
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Will Crider WILLIAM KYLE CRIDER 3/13/06 (386)566-3122
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Date Daytime Telephone Number