

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

07 FEB -8 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P04000086456

1. Corporation Name

M. SIGNS D SIGNS, INC.

900088711979

02/19/07--01020--028 \*\*300.00

2. Principal Office Address

2898 FOREST HILL BLVD

3. Mailing Office Address

2898 FOREST HILL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33406

Country

U.S.A

Zip

33406

Country

U.S.A.

4. Date Incorporated or Qualified  
To Do Business in Florida

06/02/2004

5. FEI Number

74-3123284

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

MISAE R. GONZALEZ

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

2898 FOREST HILL BLVD

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33406

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

*[Signature]*

Date

02/02/07

REGISTERED AGENT MUST SIGN

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	MISAE R. GONZALEZ	3979 COELEBS AVE.	BOYNTON BEACH, FL 33436
V.P.	DIANA GALAN	3979 COELEBS AVE	BOYNTON BEACH, FL 33436

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:

*[Signature]*

MISAE R. GONZALEZ

02/02/07

(561) 296-3636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F081 (9/00)

282

February 2, 2007

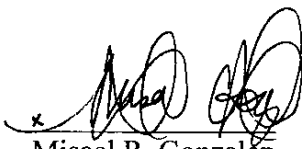
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

Re: M Signs D Signs, Inc.  
P04000086456  
Reinstatement

To Whom It May Concern:

Enclosed find check for \$300.00 to pay for the 2006 & 2007 Annual Reports. I never received the original notice and I did not know the Corporation had been dissolved.

Sincerely,

A handwritten signature in black ink, appearing to read 'Misael R. Gonzalez', is written over a horizontal line.

Misael R. Gonzalez  
President