

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P05000125711

1. Entity Name
THE SIGN MAN OF NW FL INC.



FILED

2007 OCT 16 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102007 REIN-P CR2E098 (1/07)

Principal Place of Business
2094 HAWTHORNE DR
NAVARRE, FL 32566 US

Mailing Address
2094 HAWTHORNE DR
NAVARRE, FL 32566 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number
20-3414601

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

NORTON, BRIAN
2094 HAWTHORNE DR
NAVARRE, FL 32566

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After January 1, 2008, 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

TITLE DIR
NAME NORTON, BRIAN
STREET ADDRESS 5970 COLTER RD
CITY-ST-ZIP MILTON, FL 32583 ☐ Delete

TITLE P
NAME NORTON, BRIAN
STREET ADDRESS 5970 COLTER RD
CITY-ST-ZIP MILTON, FL 32583 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Dir
NAME Norton, Brian
STREET ADDRESS 2094 Hawthorne Dr
CITY-ST-ZIP Navarre, FL 32566 ☒ Change ☐ Addition

TITLE P
NAME Norton, Brian
STREET ADDRESS 2094 Hawthorne Dr
CITY-ST-ZIP Navarre, FL 32566 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: Brian Norton 10-9-07 850 565-0396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #