


2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 NOV -8 PM 12: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000033540 1. Entity Name SIGN GUYS OF TALLAHASSEE INC.	
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Principal Place of Business 2522 CAPITAL CIRCLE NE SUITE 9 TALLAHASSEE, FL 32308	Mailing Address 2522 CAPITAL CIRCLE NE SUITE 9 TALLAHASSEE, FL 32308
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2. Principal Place of Business - No P.O. Box # 2522 Capital Cir NE Suite, Apt. #, etc. Suite #9	3. Mailing Address Suite, Apt. #, etc. SAME
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11062007 REIN-P CR2E098 (1/07)

City & State Tallahassee, Florida	City & State SAME		
Zip 32308	Country Leon	Zip 	Country

4. FEI Number 043849735	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SUPER SIGNS 2522 CAPITAL CIRCLE NE SUITE 9 TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.
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10. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> Delete
NAME	CHAPO, JUSTIN A
STREET ADDRESS	2522 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	VP <input type="checkbox"/> Delete
NAME	DORSCH, JAMES R. II
STREET ADDRESS	2522 CAPITAL CIRCLE NE
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: Justin A. Chapo, President 11-6-07 850 422 1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

11/30