

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2012 MAY 22 PM 4:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000064735

1. Corporation Name

AG Signs Plus, Inc.

2. Principal Office Address - No P.O. Box #

3384 W Hillsboro Blvd

3. Mailing Office Address

9139 SW 20th Street

Suite, Apt. #, etc.

3384

Suite, Apt. #, etc.

F

City & State

Deerfield Beach, FL

City & State

Boca Raton, FL

Zip

33442

Country

United States

Zip

33428

Country

United States

700235394827
05/22/12--01007--005 **908.75

CR2E081 (11/10)

4. Date Incorporated or Qualified

To Do Business in Florida **05/08/2006**

5. FEI Number

20-4851390

☐ 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

Carlina Granda

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

9139 SW 20th Street

Suite, Apt. #, Etc.

F

City

Boca Raton

State

FL

Zip Code

33428

REINSTATEMENT 2012 5/22/12

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

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)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P:	Edwin A. Granda	9139 SW 20th Street	Boca Raton, FL 33428
V:	Carlina Granda	9139 SW 20th Street Apt F	Boca Raton, FL 33428

10. E-mail Address: **agsignsplus@aol.com**

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-709-8422