PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY -8 PM 1:41

DOCUMENT # P35972

1. Corporation Name
Signature Combs Inc.

REINSTATEMENT 99-00

2. Principal Office Address	**3.** Mailing Office Address
4050 S.W. 11th Terrace	201 S. Orange Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 1100, Tax Dept.
City & State: Fort Lauderdale, FL	City & State: Orlando, FL
Zip: 33315 Country: USA	Zip: 32801 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 48-1052682 ☐ 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: CT Corporation System

500003265425--8
-05/24/00--01075--004
****900.00 ****900.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation | State: FL | Zip Code: 33324

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: Barbara A Burke Date: 5-4-00

REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

CR2E081 (9/99)

9. Names and Street Addresses of Each Officer and/or Director (For profit 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/D	Bruce S. Van Allen	8550 Lost Cove Drive	Orlando, FL 32819
T/CFO	Elizabeth A. Haskins	418 River Drive	Debary, FL 32713
S	Joseph I. Goldstein	9169 Bay Hill Blvd.	Orlando, FL 32819
AS	Daniel V. Marcinik	7 Tallowood Lane	Amesbury, MA 01913
D	Richard Dodson	1228 Mayfield Avenue	Winter Park, FL 32789
VP	Kevin S. Worley	16420 Bay Ridge Drive	Clermont, FL 34711

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: Elizabeth A Haskins Treasurer/CFO 5-5-2000 (407)648-7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #