

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000034709**

1. Corporation Name

A & A SIGN CO.

Principal Place of Business

**7271 NW 77TH STREET
MIAMI FL**

Mailing Address

**7271 NW 77TH STREET
MIAMI FL**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/05/1994

5. FEI Number

59-1541037

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	BERNARD, FRED	7271 NW 77TH STREET	MIAMI FL

600002333106--3
-10/29/97--01110--012
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

**LUBIN, MICHAEL H
930 WASHINGTON AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139**

9. Name and Address of New Registered Agent

Name

FREDERICK B. BERNARD

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

7271 NW 77 ST.

Suite, Apt. #, Etc.

City

MIAMI FL

State

FL

Zip Code

33166

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

(See other side for information
on Intangible tax.)

12. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

OCT. 23, 1997

Date

Daytime Phone #

305 883-0075

FILED

97 OCT 27 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



[Handwritten initials]

CR20040 (8/97)