PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE APPLICATION Sandra B. Mortham **FOR** Secretary of State FILED REINSTATEMENT **DIVISION OF CORPORATIONS** P94000058100 98 MAR 31 AM 5:56 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE. FLORIDA ADCRAFT SIGNS & COPY CENTER INC. Principal Place of Business Mailing Address 12041 NW 7TH AVE. 12041 NW 7DH AVE. N. MIAMI FL 33168 N. MIAMY FL 33168 REINSTATEMENT 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 Date Incorporated or Qualified To Do Business in Florida 08/05/1994 Sulte, Apt. #, etc. 5. FEI Number Applied For 65-0543660 City & State Not Applicable Žio \$8.75 Additional Fee required Country CERTIFICATE OF STATUS DESIRED for a Certificate of Status 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at feast 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (De NOT Use Post Office Box Numbers) Title(s) City / State / Zip EYLER, SANDRA A . P 821 WASHINGTON STREET HOLLYWOOD FL 33019 EYLER, JOSEPH P 2305 N-OCEAN DRIVE HOLLYWOOD FL 33109 S EYLER. INGRID HOLLYWOOD FL 33109 EYLER, JOSEPH R HOLLYWOOD FL 33019 300002478873---6 -04/06/38--01002--004 ****900.00 ****900.00 8. Name and Address of Current Registered Agent 9. Name and Address of New Registered Agent EYLER, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) 12041 NW 7TH AVE. N. MIAMI EL 33168 State | Zip Code 330/9 régistered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S 10. I, being appointed the Signature of Registered Agent EGISTERED AGENT MUST SIGN 11. This corporation owes or has paid the current year (See other side for Information Intangible Personal Property tax due June 30. on intangible tax.) Yes No

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.

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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/98 (300)688-6288
Dayling Prione #