

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

96 NOV 25 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000056384**

1. Corporation Name  
**SIGN FORCE, INC.**

Principal Place of Business  
**3810 S. STATE ROAD 7  
MIRAMAR FL 33023**

Mailing Address  
**3810 S. STATE ROAD 7  
MIRAMAR FL 33023**

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

**REINSTATEMENT**

4. Date Incorporated or Qualified To Do Business in Florida		<b>07/20/1995</b>
5. FEI Number	Applied For	
<b>65-0602621</b>	Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		

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
PD	DELGADO, ELISA CANOVAS	3810 S. STATE ROAD 7	MIRAMAR FL 33023

400002016874-2  
-12/02/96-01016-003  
\*\*\*375.00 \*\*\*375.00

OB11-20-96

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
DELGADO, ELISA CANOVAS 3810 S. STATE ROAD 7 MIRAMAR FL 33023		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State <b>FL</b> Zip Code	

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	<b>REQUIRED</b>	Date	<b>10/29/96</b>
REGISTERED AGENT MUST SIGN			

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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: <b>SIGNATURE REQUIRED</b>	Date	<b>10/29/96</b>	Daytime Phone	<b>(954) 894-290</b>
SIGNATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				