	PLEASE READ	ALL INSTRUCT	IONS BEFORE C	COMPLETING THIS FORM.	
FLORIDAD STATE APPLICATION FOR REINSTATEMENT FLORIDAD FLORIDA					
DOCUMENT # P9500060026 1. Corporation Name				01 OCT 15 PM 1: 20	
COLUMBIA SIGNS, INC.				SESREMANY OF STATE TALLAHASSEE, FLORIDA	
Principal Di	lace of Business	Mailing Address			
-2213 N W 29TH STREET					
	addresses are incorrect in any way, line throncipal Office Address, If Applicable	ough incorrect information a 3. New Mailing Office A		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06/03/1995	
City & State		City & State		65-0602336 Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status	
7. Names a	and Street Addresses of Each Officer and/	or Director (Florida nonpro			
Title(s)	Name of Officers and/or Directors	3	Street Address of Each Officer and/or Director		
DV	BLUM, STEPHANIE	DE B NV	V 29TH STREET	FORT LAUDERDALE FL	
P	BENJAMIN H. BLUM	2293. NW 29TH ST		FT LAUDERDALE FL	
,				5000046495953 -10/23/0101033013 ****150.00 ****150.00	
	9. Name and Address of Current S	Paristand Agent		9. Name and Address of New Registered Agent	
8. Name and Address of Current Registered Agent Name			3. Name and Address of New Registered Agent		
BLUM, SENJAMIN H 2213 N W 29TH ST FT LAUDERDALE FL 33311			Street Address (F	Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.	
			Suite, Apt. #, Etc.		
			City	State Zip Code	
10. I. being	appointed the registered agent of the abo	ve named corporation, am	familiar with and accept the ob		
Signature of Registered Agent REGISTERED AGENT MUST SIGN 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 filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

Rolumbia Signs Inc SANDBLASTED SIGNS



10/11/01

Florida Deparment of State

Divisions of Corporations

I did not receive a annual report to fill out and mail back. I was very surprised to receive the Application for Reinstatment. You can see by the records that we have always filed on time.

Very Truly Yours

Benjamin H. Blun

Enclosed check for \$150.00