

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 APR -5 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95 0000 60026

1. Corporation Name

Columbia Sign Inc.

2. Principal Office Address

2213 NW 29 St.

Suite, Apt. #, etc.

NA

City & State

Fort Lauderdale FL

Zip

33311

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

NA

City & State

Fort Lauderdale FL

Zip

33311

Country

USA

100031745951  
04/02/04--01054--003 \*\*150.00  
07/11/03 90057016 \$150.00

REINSTATEMENT 03-04

4. Date Incorporated or Qualified  
To Do Business in Florida

1995

5. FEI Number

65-060-2336

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

Benjamin Blum

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

2213 NW 29 St

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33311

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

3/31/04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit 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
Pres	Benjamin Blum	2213 NW 29 St	Fort Lauderdale FL 33311
VP	Stephane Blum	2213 NW 29 St	Fort Lauderdale FL 33311

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:

*[Signature]* Benjamin H. Blum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

954.775-5926

Daytime Phone #

CR2E081 (10/02)

*Columbia Signs Inc.*  
SANDBLASTED SIGNS

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Division of Corporations  
PO Box 6327  
Tallahassee Fl 32314

Last year I responded to your request to sign the form, but you did not receive it.

Yours Truly

Benjamin H. Blum