

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000000737

1. Corporation Name

SIGN CARE, INC.

Principal Place of Business

Mailing Address

2805 9TH STREET NORTH  
ST. PETERSBURG FL 33704  
US

2805 NINTH STREET NORTH  
ST. PETERSBURG FL 33704

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

2. New Principal Office Address, If Applicable  
2930 9th Street North

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.  
Unit B

Suite, Apt. #, etc.

City & State  
~~Saint Petersburg FL~~

City & State

Zip  
33704

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

01/03/1996

5. FEI Number

59-3359383

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	SANDERSON, WILLIAM L	2805 NINTH STREET NORTH	ST. PETERSBURG FL 33704
ST	DEVERCELLY, DIANA T	2805 NINTH STREET NORTH	ST. PETERSBURG FL 33704

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MCGRADY, J. THOMAS ESQ.

7113 FIRST AVENUE S.

ST. PETERSBURG FL 33707

Name

William L. Sanderson

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

2930 9th Street North

Suite, Apt. #, Etc.

Unit B

City

Saint Petersburg

State

FL

Zip Code

33704

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

*William L. Sanderson*

REGISTERED AGENT MUST SIGN

Date 2-14-2004

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 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:

*William L. Sanderson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William L. Sanderson

Date

2-14-04

Daytime Phone #

727-821-4600

FILED

04 FEB 19 PM 4:05

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 00-04



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02/19/04--01012--007 \*\*1358.75

CR2E040 (8/00)