

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

PAID
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
02 FEB 22 PM 12:50

DOCUMENT # P96000067580

1. Corporation Name

ALTERNATE SIGNS INC.

2. Principal Office Address

9600 NW 25TH STREET

3. Mailing Office Address

9600 NW 25TH STREET

(Suite) Apt. #, etc.

5A

(Suite) Apt. #, etc.

5A

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33172-1416

Country

USA

Zip

33172-1416

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

8.14.96

5. FEI Number

050690731

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

JORDANA CHEING

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

2600 S OCEAN DRIVE

(Suite) Apt. #, Etc.

217

City

HOLLYWOOD

State

FL

Zip Code

33019

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

JORDANA CHEING
REGISTERED AGENT MUST SIGN

Date 2.18.02

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
PSTD	JORDANA CHEING	2600 S OCEAN DR #217	HOLLYWOOD FL 33019

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)(f), 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:

JORDANA CHEING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.18.02 305.593.8840

Date

Daytime Phone #

CR2081 (9/01)

ALTERNATED SIGNS Inc.

9600 NW 25th St - Ste 5 A

Miami FL 33172-1416

Tel: 305.593.8840

Fax: 305.593.8785

e Fax: 775.667.6459

Toll Free: 888.593.8841

sales@alternatedsigns.com

Monday, February 18, 2002

Florida Department of State
PO Box 6327
Tallahassee, FL 32314
United States

RE: P96000067580

To Whom It May Concern:

As per a telephone conversation held today with Lesley, I am enclosing a Corporation Reinstatement Form along with the \$300.00 Check number 2511 dated today for the 2001 and 2002 Uniform Business Report.

I had previously made a change of Address to 9600 NW 25th Street Suite 5 B in Miami Florida 33172-1416 for which you can see in the detail of Officer/Director, but perhaps it was not completely filled out in all the pertaining parts. Since I had my Ex-CPA/Accountant as a Registered Agent whom had been taking care of these Forms being filled out, there was an oversight in my part and failed to make sure that this was properly done.

Please forgive me for having it let by, and I realized that we had been in Dissolution only when I called to find out what had happened with our UBR for. I had not received it as of yet, when all the other companies around me had received them.

I hope to hear from you shortly with good news. Thank you very much for your attention to this matter. Should you need any additional information, please do not hesitate to contact me at any time at the enclosed telephone numbers.

Sincerely,



Jordana Cheing
President

JC/Imp

cc: File

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