PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 OCT 25 PM 4:30

DOCUMENT # P97000013615

1. Corporation Name

AINOR SIGNS, INC.

Principal Place of Business	Mailing Address
13100 BLUE SWALLOW TERRACE WELLINGTON FL 33414	13100 BLUE SWALLOW TERRACE WELLINGTON FL 33414

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
12985 Meadowbreeze Dr.	12985 Meadowbreeze Dr.
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Wellington, FL	City & State: Wellington, FL
Zip: 33414 Country: USA	Zip: 33414 Country: USA

4. Date Incorporated or Qualified to Do Business in Florida: 02/10/1997

5. FEI Number: 65-0760282 ☐ 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
D	AINOR, JOSEPH	13100 BLUE SWALLOW TERRACE	WELLINGTON FL 33414
		12985 Meadowbreeze Dr.	Wellington, FL 33414
			200003033062--3 -11/02/99--01099--002 ****150.00 ****150.00

8. Name and Address of Current Registered Agent

AINOR, JOSEPH
13100 BLUE SWALLOW TERRACE
WELLINGTON FL 33414

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City | State: FL | Zip Code

CR2E040 (8/99)

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: Joseph C. Ainor Joseph C. Ainor Date: 10/17/99
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 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: Joseph C. Ainor Joseph C Ainor 10/17/99 (561)252-0042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0061175 AF

10/17/99

To Whom It May Concern

Per the conversation that I had with your Office I am writing this note.

We moved during this past year, and I hadn't received any Notices from your office. I had assumed that this was taken care of Last Spring. This is the first Notice that I am aware of.

I am enclosing a check for $150.00 per the instructions from the person that I spoke to in your Office.

Thank you

Joseph A. Ainor

Joseph A. Ainor