

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000013615**

1. Corporation Name

AINOR SIGNS, INC.

Principal Place of Business

12985 MEADOWBREEZE DR
WELLINGTON FL 33414

Mailing Address

12985 MEADOWBREEZE DR
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

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

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



01/23/2003 90051 004 150.00

FILED

03 OCT 13 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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	12985 MEADOWBREEZE DR	WELLINGTON FL 33414

8. Name and Address of Current Registered Agent

AINOR, JOSEPH
12985 MEADOWBREEZE DR
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

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. or 617.0505, F.S.

Signature of
Registered Agent

Joseph C. AINOR
REGISTERED AGENT MUST SIGN

Date 10-9-03

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10-9-03

Daytime Phone #

561-889-4950

CR2ED40 (7/03)

12985 Meadowbreeze Drive
Wellington, FL 33414

Ainor Signs, Inc.

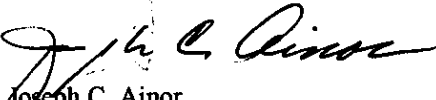
October 9, 2003

Division of Corporations
Annual Report/Reinstatement Section
PO Box 6327
Tallahassee, FL 32314-6327

To Whom It May Concern:

In early July I contacted the Division of Corporations concerning a lost Annual Form. The person that I spoke to walked me through the download process on the Internet. I then downloaded the form and was told to mail a check for \$150.00. I now receive a notice of Dissolution. I spoke to Tom, in your division, and he told me that there was a letter dated July 24th sent to me. I haven't received any correspondence until The Notice of Administrative Dissolution. Per Tom's instructions I am returning the completed form with this letter attached.

Sincerely,


Joseph C. Ainor
Ainor Signs, Inc.
561-889-4950