nt By	: INTERSTATE SIGNCRAFT PLEASE READ	ALL INST	RUCTIONS BEFORE	COMPLET	1:13:12; Pag NG THIS FORM.	e 2/2	
	PLICATION FOR STATEMENT		ELORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED	General Application (Fig. 1)	
OCUMENT # P97000027784 Corporation Name					O OCT 24 AM 11: 47		
ITER\$	STATE SIGNCRAFTERS	S, INC.			SECRETARY OF S TALLAHASSEE FLO	TATE . ORIDA	
Principal Place of Business 30 COMMERCE RD BOYNTON BEACH FL 33426 US		Mailing Address 130 COMMERCE RD BOYNTON BEACH FL 33426 US					
	ddresses are incorrect in any way, line ncipal Office Address, if Applicable		nformation and enter correction belowing Office Address, If Applicable	4. Date Incorpo	naled or Qualified		
uite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		To Do Business in Florida 03/27/1997 5. FEI Number Applied		
ity & State		City & State			11-3377256	Not Applicable	
ďρ	Country	Zip	Country	CERTIFICATE		ional Fee required ifficate of Status	
	and Street Addresses of Each Officer of Name of Officers	nd/or Director (Ho	Street Address of	Each	City / State / Zip		
Title(s) P	2 and/or Directors PETERSEN, JEFFREY		3 Officer and/or Did	ector	DELRAY BEACH FL 33445		
	PETERSON, JEFFRET						
/P	SHORE, PATRICIA	,	23109 BOCA COLONY CLUB	CIR	BOCA RATON FL 33433		
		and the second s		5	00000468749 -11/19/010105	159 0021	
·	1	1 7	REIN	STATE		**758.75	
J. W. & ****						h	
	8. Name and Address of Curre	nt Registered Ag		9. Name and #	Address of New Registered Agent		
UNITE	CORPORATE SERVICES, INC.		Name Street Address	oan (D.O. Box Number	in Not Accepted (a)	46 (8/01)	
9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156			Suite, Apt. #, Et		is not Acceptable)	2850	
					State Zip C	ode	
0 I heigr	g appointed the registered agem of the	spove named corp	pration, am Jamiliar with and accept	the obligations of Secti	FL		
==;	1			. -			
Signature d Registered		Barr REGISTERED AC	President BENTMUSTSIGN		Date 10/17/01		
this reir owed b	r that I am an officer or director or the re natatement application, the reason for di ry the corporation have been paid and it application is true and accurate, and my	ssolution has been ne names of individual	n eliminaled, the comorate name sati duals listed on this form do not qualif	isties the requirements ly for an exemption un	of section 607µ0401 or 617.0401, h.S	i, that all lees	
SIGNA.	TURE: Patricia	DA.	have IP		19/08/11 561-	547-3760	