


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

10f2

|   |  |   |
|---|--|---|
| DOCUMENT # P97000049809                   |  |  |
| 1. Entity Name<br>THE WORLD OF SIGN, INC. |  |   |

FILED

06 JAN 12 PM 4: 17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>10302 N.W. SOUTH RIVER DRIVE<br>B-2<br>MEDLEY, FL 33178 US | Mailing Address<br>10302 N.W. SOUTH RIVER DRIVE<br>B-2<br>MEDLEY, FL 33178 US |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |



REINSTATEMENT 01/05/06 0506

|                             |  |
|-----------------------------|--|
| 4. FET Number<br>65-0759445 | Applied For<br><input type="checkbox"/> Not Applicable |
|-----------------------------|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |   |  |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent                                       |  |
| MENDEZ, BEATRIZ<br>10302 N.W. SOUTH RIVER DRIVE<br>B-2<br>MEDLEY, FL 33178 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |  |

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Beatriz Mendez (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

|                             |  |
|-----------------------------|--|
| FILE NOW!!! FEE IS \$300.00 | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
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|  |  |   |   |
|--|--|---|---|
| 10. OFFICERS AND DIRECTORS                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MS<br>MENDEZ, BEATRIZ<br>7607 SHALIMAR ST<br>MIRAMAR, FL 33023 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | 400064520784<br>01/25/06--01040--013 **300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP    | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beatriz Mendez 1-7-06 (305) 887-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

20f2

THE WORLD OF SIGN, INC  
10302 NW SOUTH RIVER DRIVE # B-2  
MEDLEY FL 33178.  
Ref: P97000049809

January 6, 2006

Florida Department of State  
Division of Corporation  
P.O.Box 6327  
Tallahassee FL 32314

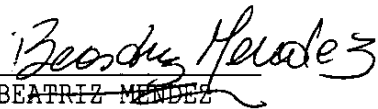
Dear Secretary of State:

I would like to, please, request reinstatement and penalty exemption for late payment on the Annual Report for 2005. The reason is because as well as, I never received a annual report or notice about it.

I need to keep my business open to provide me with a job. Furthermore, I cannot afford the penalty fee because the business is not doing well. I am enclosing a check for \$300.00 dollars to pay for 2005-2006.

I will really appreciate your help and consideration to this matter. Should you need any information, you can reach me at: (305)887-7773.

Sincerely,

  
BEATRIZ MENDEZ

President