PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 06 NOV 17 PM 2: 40
DOCUMENT # P9800026411 1. Corporation Name		HOBELTÁRYT OF STATE TALLAHASSEE, FLORIÐA
1. Corporation Name SIGNS UNLIMITED - SEA, INC		
2. Principal Office Address	3. Mailing Office Address	800081894928 11/17/0601013012 **758.75
	618 SOUTH MAGNOLIA	CR2E081 (12/05) . 06
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & State	City & State	To Do Business in Florida MARCA 17, 1998 5. FEI Number Applied For
OCALA, FLORIDA Zip Country	OCALA, FLORIPA	59-3512029 Not Applicable
34474 USA	34474 USA	CERTIFICATE OF STATUS DESIRED 58,75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent Name		
VICTOR L. BUTTERMORE		
Street Address (P.O. Box Number is Not Acceptable) SI BEACH LANE		
Suite, Apt. #, Etc.		
CHYSTAL RIVER		State Zip Code SYY 29
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 Victor 3. Date 10 -31-04 REGISTERED AGENT MUST SIGN		
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 Eacl Officer and/or Directo	
P VILTOR L. BUTTERMORE 51 BEACH LANE 1A		TER. FT. M'COY, FL 32134
V SLOTI C. BUTTERMORE 11001 NE. 113 TER.		TER. FT. MCOY, FL 32134
T-S IRMA P. BUTH	ERMORE SI BEACH LAN	6 1A CRYSTAL RIVER FL
		5992
Willy		
	7	
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 contained in Chapter 119, 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: VITAL Sultenu VICTOR L. BUTTERMORE 10-31-06 351-732-		