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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 OCT -8 AM 8:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P99000036994

1. Corporation Name
The Sign Resource, INC

2. Principal Office Address
21977 US Hwy 19N
Suite, Apt. #, etc.
City & State
Clearwater, Fl
Zip 33765 Country USA

3. Mailing Office Address
SAME
Suite, Apt. #, etc.
City & State
Zip Country

200001 UBR

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number 59-3570535 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name James B. Jackson
Street Address (P.O. Box Number is Not Acceptable) 3916 Bloominghill LN.
Suite, Apt. #, Etc.
City Palm Harbor State FL Zip Code 34684

400004645354--0
-10/19/01--01032--007
****300.00 ****300.00

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 [signature] REGISTERED AGENT MUST SIGN Date 10/4/01

CR2E061 (9/00)

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 Each Officer and/or Director	City / State / Zip
President	JAmes B. JAckson	3916 Bloominghill LN	Palm Harbor, Fl 34684

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 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: [signature] James B. Jackson 10/4/01 727-669-6877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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The Sign Resource, Inc.

October 02, 2001

Florida Department of State
Division of Corporations

I am requesting a one time wavier fee to reinstate my corporation, for the following reason; in 1999 I filed for S Corporation status and my address was 855 Dunbar St. Oldsmar, Fl. When I moved that year I notified the local post office for a forwarding address and did not receive the notification from the Division of Corporation, I also did not know I was to notify the division of corporations of my new address . I am enclosing the corporation reinstatement form along with the two years of fees for $300.00.

My new address is:
The Sign Resource, Inc.
21977 Us Hwy. 19N
Clearwater, Fl. 33765
Phone: 727-669-6877
Fax: 727-669-7536
Thank you very much

James B. Jackson

James B. Jackson