

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

01 MAY -2 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **PA9000072699**

1. Corporation Name

FIRE SIGN, INC.

2. Principal Office Address

4500 BISCAYNE BLVD.

Suite, Apt. #, etc.

104

City & State

MIAMI FL

Zip

33137

Country

USA

3. Mailing Office Address

4500 BISCAYNE BLVD.

Suite, Apt. #, etc.

104

City & State

MIAMI FL

Zip

33137

Country

USA

REINSTATEMENT

4. Date Incorporated or Qualified
To Do Business in Florida

9/22/00

5. FEI Number

65-0973941

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

ROGER HUCKERBERRY

Street Address (P.O. Box Number is Not Acceptable)

770 CHAUGHTON ISLAND DRIVE #1002

Suite, Apt. #, Etc.

#1002

City

MIAMI

State

FL

Zip Code

33131

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

REGISTERED AGENT MUST SIGN

Date

4/28/01

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

PRES. ROGER HUCKERBERRY 770 CHAUGHTON ISLAND DRIVE MIAMI, FL 33131

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/28/01

Daytime Phone #

305-444-4449

CR2E081 (9/00)