

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
01-02-08
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 28 PM 4: 00

DOCUMENT # *099000079258*

1. Corporation Name

SIGNS, SIGNS, SIGNS INC.

700004917157--5

-02/13/02--01104--004

*****300.00 ****300.00*

2. Principal Office Address

720 NE 77 STREET

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 812649

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

33487

Country

USA

Zip

33481

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

JUNE 1999

5. FEI Number

22-3098734

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

SERGEY BIRBRAIR

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

720 NE 77 STREET

Suite, Apt. #, Etc.

City

BOCA RATON

State
FL

Zip Code

33487

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

Sergey Birbrair
REGISTERED AGENT MUST SIGN

Date

1/25/02

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
P/D	SERGEY BIRBRAIR	720 NE 77 STREET	BOCA RATON, FL 33487
			AD

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:

Sergey Birbrair
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/25/02

Daytime Phone #

561-443-1597

CR2E081 (9/01)