

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 NOV -1 PM 3:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06997

1. Corporation Name

SOUTHERNMOST SIGNS INC.

Principal Place of Business

913 EATON STREET
KEY WEST FL 33040

Mailing Address

913 EATON STREET
KEY WEST FL 33040

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/15/1990

5. FEI Number

54-0302592

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
VP P/V	REID, CARL D	AT-0-223-0 29026 ROSE DR	BIG PINE KEY FL
ST	REID, TERRY N.	AT-0-223-0 29026 ROSE DR	BIG PINE KEY FL
P	FIGUEROA, LOUIS	913 EATON ST	KEY WEST FL
	NO LONGER WITH CORPORATION		

200001997432--6
-11/06/96--01032--001
00000375.00 00000375.00

JB 11-4-96

8. Name and Address of Current Registered Agent

REID, CARL D
AT-0-223-0
BIG PINE KEY FL 33043

9. Name and Address of New Registered Agent

Name

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

29026 ROSE DR

Suite, Apt. #, Etc.

City

State

Zip Code

FL

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/1/96

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information
on intangible tax.)

12. 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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/1/96 305-294-1877
Date Daytime Phone