

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED

00 JAN 21 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S06997

1. Corporation Name

SOUTHERNMOST SIGNS INC.

2. Principal Office Address

913 EATON ST.

Suite, Apt. #, etc.

City & State

KEY WEST, FL

Zip

33040

Country

MONROE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

REINSTATEMENT

99-15

**4. Date Incorporated or Qualified
To Do Business in Florida**

1-1-91

5. FEI Number

65-0224655

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ ~~EXPRESS CERTIFICATE~~

7. Name and Address of Current Registered Agent

Name

CARL REID

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

30661 LYTTONS WAY

Suite, Apt. #, Etc.

300003114109-7

-01/28/00--01031--006

***908.75 ***908.75

City

BIG PINE KEY

State

FL

Zip Code

33043-4847

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

Carl Reid

REGISTERED AGENT MUST SIGN

Date

1-19-00

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
P	CARL REID	30661 LYTTONS WAY	BIG PINE KEY, FL 33043
V	TERRY REID	30661 LYTTONS WAY	BIG PINE KEY, FL 33043
S/T	RUSSELL R. GIARRAPUTO	29165 CLOVER LN.	BIG PINE KEY, FL 33043

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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:

Russell R. Giarraputo S/T
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-00

Date

305-294-1877

Daytime Phone #