


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # S90782</b> 1. Entity Name <b>SIGN-MAKING SUPPLIES CORP.</b>	
---	---

Principal Place of Business <b>1753 NW 7 ST MIAMI, FL 33125</b>	Mailing Address <b>1753 NW 7 ST MIAMI, FL 33125</b>
--	--


2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.
---	---

City & State	City & State		
Zip	Country	Zip	Country

FILED

05 OCT 14 PM 4:44

SECRET STATE TAKE FALLA



10072005 REIN-P CR2E098 (6/04)

4. FEI Number <b>65-0294841</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**TORRES, FELIX  
680 N.W. 44TH AVENUE  
SUITE 3  
MIAMI, FL 33126**

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$750.00  
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">D TORRES, FELIX 680 N.W. 44TH AVE #3 MIAMI, FL</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	D TORRES, FELIX 680 N.W. 44TH AVE #3 MIAMI, FL	<input type="checkbox"/> Delete
D TORRES, FELIX 680 N.W. 44TH AVE #3 MIAMI, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;">D CARDOSO, VIRGILIO A. 680 N.W. 44TH AVE #3 MIAMI, FL</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>	D CARDOSO, VIRGILIO A. 680 N.W. 44TH AVE #3 MIAMI, FL	<input type="checkbox"/> Delete
D CARDOSO, VIRGILIO A. 680 N.W. 44TH AVE #3 MIAMI, FL	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> </table>		<input type="checkbox"/> Delete
	<input type="checkbox"/> Delete		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table> <p style="text-align: center; font-size: 14px; font-weight: bold;">000060634400 10/14/05--01071--029 **758.75</p>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="0" style="width: 100%;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> </table>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Felix Torres 10/11/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #