

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

2006 JUL 10 AM 9:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # V02584

1. Corporation Name

A.S.A.P. SIGN CO. INC.

2. Principal Office Address

823 Guernsey Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip  
32804

Country  
USA

3. Mailing Office Address

823 Guernsey Street

Suite, Apt. #, etc.

City & State

Orlando, Florida

Zip  
32804

Country  
USA

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida 12/23/1991

5. FEI Number  
593177130

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  
Aristides J. Diaz

Street Address (P.O. Box Number is Not Acceptable)  
425 W. Colonial Drive

Suite, Apt. #, Etc.  
Suite 101

City  
Orlando

State  
FL

Zip Code  
32804

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 7/10/2006

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	George Hernando	823 Guernsey Street	Orlando, FL 32804
VP/D	Lea Hernando	823 Guernsey Street	Orlando, FL 32804

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 contained in Chapter 119, 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

Daytime Phone #

REINSTATEMENT 01/06  
B7/13/06

200077711302  
07/19/06--01009--003 \*\*1500.00

5/24/06 722-321-1867