

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V20527**

1. Corporation Name

A SIGN DEPOT, INC.

Principal Place of Business

131 TOMAHAWK DR
SUITE 21-A
INDIAN HARBOR BEACH FL 32937

Mailing Address

131 TOMAHAWK DR
SUITE 21-A
INDIAN HARBOR BEACH FL 32937

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

09/11/1992

5. FEI Number

59-3116576

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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
DP	HUDDLESTON, JOSEPH D.	82 LANTERNBACK ISLAND DR	SATELLITE BEACH FL
DVT	HUDDLESTON, MARY M.	82 LANTERNBACK ISLAND DR	SATELLITE BEACH FL
DS	HUDDLESTON, MARY	82 LANTERNBACK ISLAND DR	SATELLITE BEACH FL

600002811096--7
-03/18/99--01094--003
****900.00 ****900.00

8. Name and Address of Current Registered Agent

HUDDLESTON, JOSEPH D.
131 TOMAHAWK DR
UNIT 21-A
INDIAN HARBOR BEACH FL 32937

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

(See other side for information
on intangible tax.)

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐ No ☐

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED
99 MAR 12 PM 2:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

CR2ED40 (9/98)