

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

02 OCT -8 PM 12:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** V20527

**1. Corporation Name** A SIGN DEPOT, INC.

400008328384--2  
-10/11/02--01022--027  
\*\*\*1050.00 \*\*\*1050.00

**2. Principal Office Address**

131 Tomahawk Dr 21A

Suite, Apt. #, etc.

Suite 7

City & State

Indian Harbour Beach FL

Zip

32937

Country

USA

**3. Mailing Office Address**

1413 So. Patrick Dr Suite 7

Suite, Apt. #, etc.

Suite 7

City & State

Indian Harbour Beach FL

Zip

32937

Country

USA

**REINSTATEMENT**

08-02

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

9/11/1992

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

Name

DOUGLASS A. PERSON, CPA, P.A.

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

1413 South Patrick Drive

Suite, Apt. #, Etc.

Suite 7

City

Indian Harbour Beach

State  
FL

Zip Code  
32937

**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

*Douglas A. Person*

REGISTERED AGENT MUST SIGN

Date 10/03/02

**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
PD	Joe Huddleston	506 Broad Street	Gadsdes, AL 35901

**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:** *Joe Huddleston* Joe Huddleston, PD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-03-02

CR2E081 (9/01)

js 10/18/02