

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 # **V37892**

1 Corporation Name

**RICK MERWIN SIGNS, INC.**

Principal Place of Business  
5465 KEYSTONE DRIVE NORTH  
JACKSONVILLE FL 32207  
US

Mailing Address  
5465 KEYSTONE DRIVE N.  
JACKSONVILLE FL 32207  
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/21/1992	
City & State		City & State		5. FEI Number	
Zip		Country		59-3122262	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PD	MERWIN, RICHARD G.	5465 KEYSTONE DR. N.	JACKSONVILLE FL
ST	MERWIN, RICHARD G.	5465 KEYSTONE DR. N.	JACKSONVILLE FL
			100002032961--0
			-12/18/96--01102--017
			****375.00 ****375.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
MERWIN, RICHARD G. 5465 KEYSTONE DRIVE NORTH JACKSONVILLE FL 32207	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State 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.

Signs of Registered Agent Rick Merwin **RE REQUIRED** Date 12/13/96

REGISTERED AGENT MUST SIGN

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on Intangible tax.)

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: Rick Merwin **RE REQUIRED** Date 12/13/96 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
96 DEC 17 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

CP20040 (7/96)