

**2004 FOR PROFIT CORPORATION  
REINSTATEMENT**

**FILED**

04 DEC 15 AM 8:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V47243**

1. Entity Name  
**GARY'S QUALITY SIGNS, INC.**



Principal Place of Business      Mailing Address

**ATTN: KIMBERLY M. FARLER  
612 FERN AVE  
HOLLY HILL, FL 32117 US**

**ATTN: KIMBERLY M. FARLER  
612 FERN AVE  
HOLLY HILL, FL 32117 US**



2. Principal Place of Business      3. Mailing Address

**GARY'S QUALITY SIGNS**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**1612 FERN AVENUE**

11042004    REIN-P    CR2E098 (6/04)

City & State      City & State

**HOLLY HILL, FL.**

Zip      Country      Zip      Country

**32117      USA**

4. FEI Number      Applied For

**59-3131866**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FARLER, KIMBERLY M  
5864 WOODPOINT TERRACE  
PORT ORANGE, FL 32124**

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: *Kimberly M. Farler, Owner*      DATE: *12/13/04*

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2005, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>FARLER, KIMBERLY M</b>	
STREET ADDRESS	<b>5864 WOODPOINT TERR.</b>	
CITY-ST-ZIP	<b>PORT ORANGE, FL 32124</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>600043428656</b>
CITY-ST-ZIP	<b>12/15/04--01018--009 **150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**REINSTATEMENT**

*Kimberly M. Farler*      *12/16/04*

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: *Kimberly M. Farler*      *Kimberly M. Farler*      *12/13/04*      *386-257-3433*

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