

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

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



11042004 REIN-P CR2E098 (6/04)

2. Principal Place of Business  
GARY'S QUALITY SIGNS

Suite, Apt. #, etc.  
1612 FERN AVENUE

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
HOLLY HILL, FL

City & State

4. FEI Number  
59-3131866

Applied For  
Not Applicable

Zip  
32117

Country  
USA

Zip

Country

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*

(NOTE: Registered Agent signature required when reinstating)

DATE

12/13/04

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
FARLER, KIMBERLY M  
5864 WOODPOINT TERR.  
PORT ORANGE, FL 32124

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
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CITY-ST-ZIP  
☐ Change ☐ Addition  
600043428656  
12/15/04--01018--009 \*\*150.00

TITLE  
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☐ Change ☐ Addition

REINSTATEMENT

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/13/04 386 267-3433