

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 09, 2005 8:00 A.M.
Secretary of State

DOCUMENT # P97000044829

1. Corporation Name

AERIAL SIGN NORTH, INC

REINSTATEMENT 02-05

2. Principal Office Address ALLAIRE AIRPORT HWY 37		3. Mailing Office Address		4. Date Incorporated or Qualified To Do Business in Florida 05/20/1997	
Suite, Apt. #, etc. BLDG 7		Suite, Apt. #, etc.		5. FEI Number 22-3513294	
City & State ALLAIRE, NJ		City & State		Applied For Not Applicable	
Zip 07727	Country USA	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name BRIAN BRODERSON		
Street Address (P.O. Box Number is Not Acceptable) 7501 PEMBROKE PINES ROAD		
Suite, Apt. #, Etc.		
City HOLLYWOOD	State FL	Zip Code 33023

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: *B.W. Bond* Date: 2-3-04

REGISTERED AGENT MUST SIGN

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
PTSD	MATTHEW D. APPLGATE	2149 ALLENWOOD ROAD	WALL, NJ 07719
			500046851085 02/12/05--01009--002 **\$1200.00
			500046851085 02/18/05--01008--003 **\$8.75

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: *Matthew D. Applegate* Date: 2-3-04 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (01/05)