

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
 Glenda E. Hood  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

03 NOV 24 PM 12:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P0000081128

1. Corporation Name

SOUTHEASTERN FENCE CORP.

Principal Place of Business

Mailing Address

5600 WEST 9TH LANE  
 HIALEAH FL 33012

5600 WEST 9TH LANE  
 HIALEAH FL 33012

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

~~1600 NW 78 way~~  
 Suite, Apt. #, etc.

~~1600 NW 78 way~~  
 Suite, Apt. #, etc.

City & State  
 Pembroke Pines, FL.  
 Zip 33024 Country Broward

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 Pembroke Pines, FL.  
 Zip 33024 Country Broward

REINSTATEMENT 03  
 Date Incorporated or Qualified to do Business in Florida 08/28/2000  
 5. FEI Number 65-1036308 Applied For Not Applicable  
 6. CERTIFICATE OF STATUS DESIRED  \$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	4 City / State / Zip
PD	MARQUEZ, PABLO JR	5600 WEST 9TH LANE	HIALEAH FL 33012

300024982333  
 11/24/03 01037 010 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARQUEZ, PABLO JR  
 5600 WEST 9TH LANE  
 HIALEAH FL 33012

Name Pablo Marquez  
 Street Address (P.O. Box Number is Not Acceptable) 1600 NW 78 way  
 Suite, Apt. #, Etc.  
 City Pembroke Pines State FL Zip Code 33024

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. or 617.0505, F.S.

Signature of Registered Agent REGISTERED AGENT MUST SIGN Date 11/4/03

11. 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: PABLO MARQUEZ 11/4/03 (854) 454-6594  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE040 (7/03)

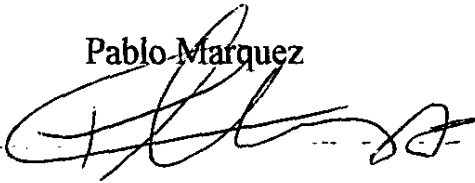
November 6, 2003

To whom it may concern:

This letter is to inform you that I did not receive the first 2 reports. Enclosed is a check for the fee of \$150.00. If there is any problem with reinstatement call Pablo Marquez at (954) 454-6594.

Sincerely,

Pablo Marquez

A handwritten signature in black ink, appearing to read 'Pablo Marquez', written over a horizontal line.