

FILED

07 MAR 30 PM 2:51

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

**DIVISION OF CORPORATIONS** 

## **DOCUMENT # P02000092529**

							,	00000000		
DOCU 1. Corporati		# P02000092	2529	X	SECRETARY TALLAHASSE	OF STATE E, FLORIDA				
THI	E FE	ENCE C	OMP	AN'	Y	INC				
W07-10866							DEW	ISTATEMENT_	16-07	
2. Principal Office Address - No P.O. Box # 14 KATHLEEN DRIVE 14 KAT				fice Address HLEEN DRIVE				CD2E094 (4(07)	,	
Suite, Apt. #, etc. Suite, Apt. #, e				elc.				orated or Qualified	<u>第300.0</u>	
City & State MARY ESTHER, FL CIty & State MARY				ESTHER, FL			56-2281540 Applied For Not Applicable			
<sup>Zip</sup> 32569	32569 USA Zip 325				US		6. CERTIFICATE	dditional Fee required Certificate of Status		
		7. Name and Address of	Current Regist	ered Agen	t			-		
DONNA R BARTEE						The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you				
Street Address (P.C. Box Mumber is No.1 Acceptable) 14 KATHLEEN DRIVE										
Suite, Apt. #, Etc.						are certifying the prior notices were not received and requesting the reinstatement				
MARY ESTHER					State FL	32569°	fee be waived.			
8. I, being	appointed the	registered agent of the abo	ve named corpo	ration, am f	amiliar v	with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.		
Signature of Registered /		Donne J	GISTERED AG	ENT MUST	SIGN			Date	7	
9. Names	and Street A	ddresses of Each Officer and	1/or Director (Flo	rida nonpro	ofit corpo	orations must list at le	east 3 directors)			
Titles	Name of Officers and/or Directors				Street Address of Each Officer and/or Director			City / State / Zip		
PD	ELLIS L BARTEE			14 KATHLEEN DRIV			RIVE	MARY ESTHER, FL 32569		
VPD	DAIN BABB				101 OLD FERRY ROAD			SHALIMAR, FL 32572		
STD	DONNA R BARTEE				14 KATHLEEN DRIVE			MARY ESTHER	, FL 32569	
							04,/04	0701039002	**150.00	
			<del></del>							
10. I certify	y that I em ar	officer or director or the reco	eiver or trustee e	mpowered i	to execu	ite this application as	provided for in cha	apter 607 or 617, F.S. I further cen	tify that when filing	

owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.

## The Fence Company, Inc 14 Kathleen Drive Mary Esther, FL 32569

285

Phone: (850) 682-4357

December 28, 2006

Department of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Reinstatement Application – The Fence Company, Inc P02000092529

Dear Ladies and Gentlemen:

Enclosed is my application to have the above referenced corporation reinstated with the State of Florida.

As provided for in your instructions, I am respectfully requesting that the \$600.00 reinstatement fee be waived. I did not receive the annual report notice for the year 2005. Because I did not receive the dues notice and renew the corporation for 2005, I also did not receive a notice for 2006.

I did not realize that the reports for these years (2005 - 2006) had not been paid and filed until my accountant brought it to my attention that my corporation had been dissolved.

Based on the explanation in this letter, please accept the enclosed check of \$300.00 to pay the annual fees (\$150.00 per year) for 2005 - 2006; and reinstate my corporation as quickly as possible

Thank you in advance for your favorable consideration of this request.

Please call me if you have any questions or comments.

Sincerely,

Ellis L. Bartee

President