

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FLORIDA DEPARTMENT OF STATE

REINSTATEMENT



Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 18 PM 1:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M95830

1. Corporation Name

ALL STATE FENCE, INC.

Principal Place of Business

12030 S.W. 77 TERRACE  
MIAMI FL 33183

Mailing Address

12030 S.W. 77 TERRACE  
MIAMI FL 33183

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

4. Date Incorporated or Qualified  
To Do Business in Florida

08/25/1988

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0072009

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	VICTORES, DIDIO	12030 SW 77 TERRACE	MIAMI FL
VP	SODOPE, FRANK	621 TAMiami BLVD	MIAMI FL 33144
T	VICTORES, GUILLERMO D	6375 SW 27 ST	MIAMI FL 33155

200008768862  
11/01/02--01114--004 \*\*150.00

8. Name and Address of Current Registered Agent

VICTORES, MONICA  
12030 SW 77 TERRACE  
MIAMI FL 33183

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Frank Salope*  
REGISTERED AGENT MUST SIGN

Date

11/15/2002  
10/23/02

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:

*Frank Salope*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-271-1956  
12/10/2002

CR2ED40 (8/02)

October 23, 2002

Department of State  
Division of Corporations

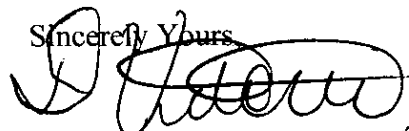
Re: Document # M95830

Dear Sir or Madam:

Enclosed please find a completed application for reinstatement along with a \$150.00 check.

Please note that our corporation did not receive any of the two uniform business reports. At this time we ask that you please wave any reinstatement fees. Our Company has been in business since 1988, and we have never failed to file annual reports.

Sincerely Yours



Didio Victores  
President



**All State Fence**  
God Bless You

PO Box 83-1021  
Miami, Florida 33283

Telephone 305-271-1956

Facsimile 305-271-5136

Toll Free 800-672-0352