

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 JUL 21 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N18737**

1. Corporation Name

The Fence Club

300003334619--9

-07/25/00--01034--013

****358.50 ****358.50

2. Principal Office Address

Rt.3 Box 141AB

3. Mailing Office Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Monticello, FL

City & State

City & State

Monticello, FL

Zip

32344

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

1-13-87

5. FEI Number

59-2767938

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sharron D. Vaughn

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

Rt.3 Box 141AB

Suite, Apt. #, Etc.

City

Monticello

State
FL

Zip Code
32344

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

Date 7/19/00

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 |
|---|--------------------------------------|---|-----------------------|
| Pres. / <input checked="" type="checkbox"/> | Sharron D. Vaughn | Rt.3 Box 141AB | Monticello, FL 32344 |
| V.Pres. / <input checked="" type="checkbox"/> | Sampson Harris | 906 Bob White Dr. | Tallahassee, FL 32310 |
| Treas. / <input checked="" type="checkbox"/> | Paul Staten | 1308 Maude St. | Tallahassee, FL 32310 |
| Sec. / <input checked="" type="checkbox"/> | Glen S. Wade | 2441 Roberts Ave. Apt 101 | Tallahassee, FL 32310 |
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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:

Sharron D. Vaughn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/19/00 (850) 891-5238

Date

Daytime Phone #

CR2E081 (9/99)