

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                     |  |
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| APPLICATION<br>FOR<br>REINSTATEMENT | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|-------------------------------------|--|

DOCUMENT # *N140022*

1. Corporation Name

*SOUTH FLORIDA FENCE ASSOCIATION*

Principal Place of Business

*C/O JEMETTE PASKOSKI  
C/O FLORIDA CYPRESS  
4500 OAK CIRCLE BLDG C  
BOCA RATON, FLORIDA  
33431*

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

*AUGUST 14, 1990*

5. FEI Number

*65-0301398*

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<br>Title(s) | 2<br>Name of Officers and/or Directors | 3<br>Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | 4<br>City / State / Zip     |
|---------------|--|--|-----------------------------|
| <i>D</i>      | <i>JEMETTE PASKOSKI</i>                | <i>C/O FLORIDA CYPRESS<br/>4500 OAK CIRCLE BLDG C</i>                                    | <i>BOCA RATON, FL 33431</i> |
| <i>D</i>      | <i>CHRIS TOKE</i>                      | <i>C/O TRI-COUNTY<br/>7101 N.W. 5TH STREET</i>   | <i>PLANTATION, FL 33317</i> |
| <i>D</i>      | <i>PAIM CHAMBERS</i>                   | <i>C/O ADON FENCE<br/>3762 N.W. 4 STREET</i>   | <i>OKESCHOBEE, FL 33472</i> |
|               |  |  |                             |
|               |  |  |                             |
|               |  |  |                             |

**REINSTATEMENT**

*96-280-18  
4/27/98*

200002508652-9  
-05/04/98-01008-008

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent \*\*\*\$420.00

*JEMETTE PASKOSKI*

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

*C/O FL CYPRESS - 4500 OAK CIRCLE*

Suite, Apt. #, Etc.

*BLDG C*

City

*BOCA RATON*

State

*FL*

Zip Code

*33431*

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.

Signature of Registered Agent

*Jemette Paskoski*

REGISTERED AGENT MUST SIGN

Date

*4/23/98*

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐

No ☒

(See other side for information on intangible tax.)

12. 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:

*Jemette Paskoski* JEMETTE PASKOSKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

*3/26/98*

Daytime Phone #

*561-342-3011*

CR2040 (1/98)