

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N40022	
1. Entity Name SOUTH FLORIDA FENCE ASSOCIATION, INC.	



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 15 PM 2:45

**REINSTATEMENT** 04-05



Principal Place of Business % CHARLES PENDERGAST 2263 SW 66TH TERR DAVIE, FL 33417		Mailing Address % CHARLES PENDERGAST 2263 SW 66TH TERR DAVIE, FL 33417	
2. Principal Place of Business % JAMES WARNKE Suite, Apt. #, etc. 7540 SOUTH MILITARY TRAIL City & State LAKE WORTH, FL Zip 33463 Country USA		3. Mailing Address % JAMES WARNKE Suite, Apt. #, etc. 7540 SOUTH MILITARY TRAIL City & State LAKE WORTH, FL Zip 33463 Country USA	

07122005 REIN-NP CR2E099 (6/04)

4. FEI Number  
65-0301398  
Applied For  
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOTT, JOSEPH 500 WEST CYPRESS RD STE 400 FORT LAUDERDALE, FL 33309		7. Name and Address of New Registered Agent Name JAMES WARNKE Street Address (P.O. Box Number is Not Acceptable) 7540 SOUTH MILITARY TRAIL City LAKE WORTH FL Zip Code 33463	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James Warnke 7-12-05  
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PEDERSEN, KEVIN 3698 1/2 NW 16TH ST. BAY B FT. LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KEVIN PEDERSEN 6250 NW 74TH AVE MIAMI, FL 33166 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D O'NEILL, WILLIAM A 3151 NW 72 AVE MARGATE, FL 33063 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CRAIG MCMILLAN 2709 NW 19TH ST FT. LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MCMILLAN, CRAIG 2709 NW 19TH ST FORT LAUDERDALE, FL 33311 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800057534318 07/15/05--01065--003 **131.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James Warnke JAMES WARNKE 7-12-05 561-965-7514  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #