

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *pg 1 of 2*

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jlm Smith
Secretary of State
DIVISION OF CORPORATIONS



FILED

02 NOV 15 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003829

1. Corporation Name

JBS FENCE, INC.

Principal Place of Business

6466 NW 5TH WAY
FT LAUDERDALE FL 33309

Mailing Address

6466 NW 5TH WAY
FT LAUDERDALE FL 33309

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

01/11/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

5. FEI Number

65-0982498

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DP	RIVERA, MARTA J	6466 NW 5TH WAY	FT LAUDERDALE FL 33309

900008758089
11/01/02--01058--013 **150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RIVERA, MARTA J
6466 NW 5TH WAY
FT LAUDERDALE FL 33309

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

Marta J. Rivera
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/29/02

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:

Marta J. Rivera
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR20040 (8/02)

Passariello & Staiano

CERTIFIED PUBLIC ACCOUNTANTS • A PROFESSIONAL ASSOCIATION

October 23, 2002

Division Of Corporations
Annual Reports / Reinstatement Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Re: Taxpayer's Name: JBS Fence, Inc.
Document Number: P00000003829
Tax Form: Uniform Business Report
Tax Period: 2002

Gentlemen:

We are writing as the accountants for the above referenced client.

Enclosed please find the Uniform Business Reports for the year 2002 for the above referenced taxpayer. Enclosed please find a check in the amount of \$150.00 in order to re-instate this corporation. The taxpayer had not received the original Uniform Business Reports as it was returned to your office and the taxpayer was not aware of the filing requirements of the state. Please accept their fee in the amount of \$150.00 and re-instate this corporation to active status.

If you have any questions, please feel free to call us between the hours of 9 A.M. and 5 P.M. Monday thru Friday at (954) 776-1444.

Sincerely,
Passariello & Staiano, C.P.A.


Giulio Staiano, C.P.A.

Encl