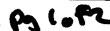
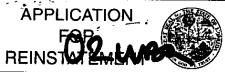
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 🎮 🖙





FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

P00000003829 **DOCUMENT #**

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 FILED

02 NOV 15 AM 10: 18

JACALTARY OF STATE TALLAHASSEE, FLORIDA



M = h =	adda								
2. New P	addresses are incorrect in any way, line rincipal Office Address, If Applicable	arough incorrect information and enter correction below. 3. New Mailing Office Address, If Applicable			Date Incorporated or Qualified				
Suite, Apt.	. #, etc.	Suite, Apt. #.	Suite, Apt. #, etc.			5 55141			
City & Stat	te	City & State			J. FEI Numbe	65-0982498 Applied For Not Applied be			
Zip	Country.	Zip		~Country ~~ ·	6. CERTIFICATE			ional Fee required	
7. Names	and Street Addresses of Each Officer ar	d/or Director (Flo	rida nonpro	fit corporations must list at le	east 3 directors)				
Title(s) 1	Name of Officers and/or Directors		3	Street Address of Eac Officer and/or Directo		City / Stat	City / State / Zip		
DP	RIVERA, MARTA J			V 5TH WAY	FT LAUDERDALE FL 33309				
							-		
					90! 11/01/	000875808 1201058013 *	3:9 *150	.00	
					Mula	1	<u> </u>		
8. Name and Address of Current Registered Agent				Name	. Name and A	ddress of New Registered Aç	ent		
RIVERA; MARTA J				Street Address (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33309				Suite, Apt. #, Etc.					
				City	State	Zip Co	de		
10. I, being Signature o Registered	appointed the registered agent of the at	ove named corpo		QUIRED	bligations of Section	Date 10/39/02	F.S.		

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:

Daytime Phone #



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: P0000003829

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 & Stajano, C.P.

Encl