

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 14 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

0000029398

1. Corporation Name

JEFFERSON FENCE COMPANY

2. Principal Office Address

28225 ELBA DR

3. Mailing Office Address

28225 ELBA DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GROSSE ILE MI

City & State

GROSSE ILE MI

Zip

48138

Country

USA

Zip

48138

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

MARCH 15, 2000

5. FEI Number

65-1019533

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

JUNE A. GAISHIN

700026913047

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

4459 PALM AVE

01/14/04--01023--023 **90.75

Suite, Apt. #, Etc.

City

WEST PALM BEACH

State

FL

Zip Code

33415

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

June A. Gaishin

REGISTERED AGENT MUST SIGN

Date Jan. 8, 2004

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	JUNE A GAISHIN	4459 PALM AVE	WEST PALM BEACH FL 33415

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:

June A. Gaishin

JUNE A GAISHIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 8, 2004

Date

(734)676-0271

Daytime Phone #

CR2E081 (10/02)