

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 DEC 11 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000026343

1. Corporation Name

ALL WEST PALM FENCE CO., INC.

Principal Place of Business

4628 BIMINI LN
W PALM BCH FL 33417

Mailing Address

4628 BIMINI LN
W PALM BCH FL 33417

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/09/2001

5. FEI Number

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

3

Street Address of Each
Officer and/or Director

4

City / State / Zip

D

MUNIZ, MIRIAM

4628 BIMINI LN

W PALM BCH FL 33417

D

ROMAN, JOSE

4628 BIMINI LN

W PALM BCH FL 33417

500000979215
11/14/02--01010--012 **150.00

8. Name and Address of Current Registered Agent

ROMAN, JOSE R
4628 BIMINI LN
W PALM BCH FL 33417

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date

11-5-2002

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11-5-2002

Daytime Phone #

CR2E040 (9/02)

All West Palm Fence Co. Inc
4628 Bimini Lane
West Palm Beach FL 33417-5906

*All West Palm Fence
Document Number PO1000026343*

Ref: Waived Penalty

To whom this may concern:

*The business All West Palm Fence Co., Inc was
incorporated at the 2001 and no business were transacted. We
did not think of filing until we got this notice.*

We are requesting to waive the penalty of this business.

*If you have any question please feel free to contact me at 561-
686-7524.*

Enclosed is a check of \$150.00 for the application.

Thank you so kindly.



Miriam Muniz

All West Palm Fence Co. Inc
4628 Bimini Lane
West Palm Beach FL 33417-5906

*All West Palm Fence
Document Number P01000026343*

Ref: Waived Penalty

To whom this may concern:

The business All West Palm Fence Co., Inc was incorporated at the 2001 and no business were transacted. We did not know of filing until we find out it was inactive. We did not receive any notice until this once. Please help us waive this penalty.

If you have any question please feel free to contact me at 561-686-7524.

Enclosed is a check of \$150.00 for the application.

Thank you so kindly.

Miriam Muniz