

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 JUN -9 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000063035

1. Corporation Name

Pure Vinyl Fence Systems

2. Principal Office Address

4314 St. Augustine Rd

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville, FL

Zip

32207

Country

US

3. Mailing Office Address

4314 Saint Augustine Rd

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville, FL

Zip

32207

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

6-25-2001

5. FEI Number

593725734

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

☒ \$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Sherry Dryden

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

481 Addor Ln

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32220

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

Sherry Dryden
REGISTERED AGENT MUST SIGN

Date

6-7-04

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
<u>P</u> <u>V</u> <u>T</u> Pres.	<u>Sherry Dryden</u>	<u>481 Addor Ln</u>	<u>Jax. Florida 32220</u>
Vice Pr.	<u>Michael Dryden Sr</u>	<u>481 Addor Ln</u>	<u>Jax. Florida 32220</u>
Treas.	<u>Amanda Dryden</u>	<u>3082 Parental Home Rd</u>	<u>Jax. Florida 32216</u>

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:

Sherry Dryden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-7-04 904-646-1166
Daytime Phone #

CR2E081 (01/04)