


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1052

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 NOV 29 PM 4:03 SECRETARY TALLAHASSEE, FL	
DOCUMENT # P01000084882					
1. Corporation Name PROFESSIONAL FENCEWORKS, CORP.					
2. Principal Office Address 7290 W. 18 LN.			3. Mailing Office Address SAME		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State HIACLEAH, FL.			City & State		
Zip 33014	Country USA	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida 8/28/2001	
5. FEI Number 650820198				Applied For <input type="checkbox"/> Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$9.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent					
Name OMELIO RAMIREZ					
Street Address (P.O. Box Number is Not Acceptable) 7290 W. 18 LN.					
Suite, Apt. #, Etc.					
City HIACLEAH				State FL	Zip Code 33014
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 [Signature]				Date 11/23/05	
REGISTERED AGENT MUST SIGN					
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		
P	OMELIO RAMIREZ	7290 W. 18 LN.	HIACLEAH, FL. 33014		
V	OMELIO RAMIREZ	7290 W. 18 LN.	HIACLEAH, FL. 33014		
T	OMELIO RAMIREZ	7290 W. 18 LN.	HIACLEAH, FL. 33014		
400061744824 11/29/05--01016--013 **308.75					
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: [Signature]				Date 11/23/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone # (305) 975-6499	

NON-RECEIPT OF PRIOR NOTICES - PLEASE SEE ATTACHED EXPLANATION & WAIVE \$600.00 REINSTATE FEE.

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Professional Fenceworks, Corp.
7290 West 18 Lane
Hialeah, Florida 33014
Phone: (305)822-6620
Fax: (305) (305)822-6620

PROFESSIONAL FENCEWORKS, CORP.

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: DISSOLUTION OF CORPORATION - 10/1/2004
Professional Fenceworks, Corp. Document #P1000084882

November 23, 2005

To Whom It May Concern,

It has recently come to my attention that Professional Fenceworks, Corp. has been dissolved due to the annual report not having been filed. I now realize that our new address had not been reported to your office properly. We've moved our operation to a new location, but your records still show our old address. This must be the reason we never received the 2004 and 2005 notices regarding renewal, and as a result, the corporation has been dissolved.

I've enclosed a completed Corporation Reinstatement Request Application, and ask that under the circumstances, you please reinstate the company and waive the \$600.00 Reinstatement Fee. I've included a check in the amount of \$308.75 to pay for the following:

\$ 61.25:	2004 Annual Report Fee
88.75:	2004 Corporate Supplemental Fee
61.25:	2005 Annual Report Fee
88.75:	2005 Corporate Supplemental Fee
+ 8.75:	2005 Certificate of Status
\$ 308.75	

Thank you in advance for you consideration in this matter.

Sincerely,



Omelio Ramirez, President
Professional Fenceworks, Corp.

OR/yh
Enclosures (2)