

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10f2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000102291

1. Corporation Name

PICKET FENCES, INC.

Principal Place of Business

3 ST. JOHN BOULEVARD
ENGLEWOOD FL 34223

Mailing Address

3 ST. JOHN BOULEVARD
ENGLEWOOD FL 34223

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.
362 W. Deanborn St.
City & State
ENGLEWOOD, FL

Zip
34223

Country
USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

11/01/2001

5. FEI Number

65-1153901

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PST	NOEL, MARIE P	3 ST. JOHN BLVD.	ENGLEWOOD FL 34223

200008551612
10/23/02--01095--010 **158.75

8. Name and Address of Current Registered Agent

ADDISON, MICHAEL C
400 N. TAMPA ST.
SUITE 1100
TAMPA FL 33602

9. Name and Address of New Registered Agent

Name

MARIE P. NOEL

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

3 SAINT JOHN BLVD

Suite, Apt. #, Etc.

City

ENGLEWOOD

State

FL

Zip Code

34223

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

Oct. 21, 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

Oct. 21, 2002

Daytime Phone #

CR2E040 (8/02)

2082

Dear Florida Dept. of State,

I called up to your office (850) 245-6059 & asked what these reports looked like. I have not seen one personally. I was out of town in June & July, so it is possible that it came & I never saw it. Still this is the first I learned of it.

Thank You,

Marie P. Noel

President of Picket Fences, Inc.