

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 14 AM 8:00

DOCUMENT # **P02000013733**

1. Corporation Name

**ACCESS CONTROL FENCE COMPANY, INC.**

Principal Place of Business

Mailing Address

14607 89 PL N.  
LOXAHATCHEE FL 33470

14607 89 PL N.  
LOXAHATCHEE FL 33470

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

02/05/2002

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	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	PETERSON, DANA	14607 89 PL N.	LOXAHATCHEE FL 33470

8. Name and Address of Current Registered Agent

PETERSON, DANA  
14607 89 PL N.  
LOXAHATCHEE FL 33470

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

DANA Peterson  
14607 89 PL N  
Loxahatchee  
FL 33470

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

10/11/03

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10/11/03

561-793-5270

CR2E040 (7/03)

## **Access Control Fence Co. Inc.**

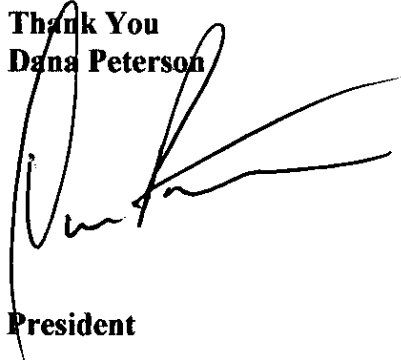
14607 89<sup>th</sup> P I N  
Loxahatchee, FL 33470  
Lic# U-19290  
Office 561-793-5270  
Fax 561-792-581

10/11/03

To whom it may concern

I am writing this letter to inform you that I do not wish to dissolve my corporation known as Access Control Fence Co. Inc. I have never received any prior notification of this, as stated in the documents I have just received. I am enclosing a check in the amount of \$150.00 for the renewal and am requesting that you waive the penalties for late payment and late document submittal. I can assure you that next year this will not be an issue.

Thank You  
Dana Peterson

A handwritten signature in black ink, appearing to read 'Dana Peterson', with a long horizontal flourish extending to the right.

President