

# 2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P02000014531

1. Entity Name  
LIFETIME FENCE, INC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:00

REINSTATEMENT 04



11172004 REIN-P CR2E098 (6/04) MRS

Principal Place of Business  
VOLUSIA COUNTY  
DELTONA, FL 32725

Mailing Address  
1401 BROKEN PINE RD  
DELTONA, FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
45-1546000

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKERSON, LEWIS K  
180 MAGNOLIA WOODS CT #16D  
DELTONA, FL 32725

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$750.00  
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME DICKERSON, LEWIS K  
STREET ADDRESS 180 MAGNOLIA WOODS CT #16D  
CITY-ST-ZIP DELTONA, FL 32725 ☐ Delete

TITLE DP  
NAME DICKERSON, LEWIS K  
STREET ADDRESS 530 BELLFLOWER AVE #412  
CITY-ST-ZIP Deltona, FL 32725 ☒ Change ☐ Addition

TITLE DV  
NAME DYMICKI, MICHAEL P  
STREET ADDRESS 1437 MEADOWLARK DR  
CITY-ST-ZIP DELTONA, FL 32725 ☒ Delete

TITLE DV  
NAME DICKERSON, TROY  
STREET ADDRESS 1079 PARNELL CT  
CITY-ST-ZIP Deltona - FL 32738 ☒ Change ☐ Addition

TITLE DST  
NAME DICKERSON, TROY  
STREET ADDRESS 1079 PARNELL CT  
CITY-ST-ZIP DELTONA, FL 32738 ☒ Delete

TITLE DST  
NAME Gregory, Justin  
STREET ADDRESS 1080 Alladin Dr.  
CITY-ST-ZIP Deltona, FL 32725 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lewis Dickerson 12/2/04 376-8606747

Date

Daytime Phone #