

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

03 DEC -8 AM 11:42

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P02000017767

1. Corporation Name

DEAS CUSTOM WOOD FENCES INC.

Principal Place of Business

Mailing Address

~~3108 E. BALDWIN RD.  
 PANAMA CITY FL 32405~~

3711 ~~Hoop Spruce Rd~~  
 Panama City, FL 32404

~~3108 E. BALDWIN RD.  
 PANAMA CITY FL 32405~~

P.O. Box 15584  
 Panama City  
 FL 32406



REINSTATEMENT 03

2. New Principal Office Address, If Applicable

12505 BOERSMA RD.

Suite, Apt. #, etc.

City & State  
 FOUNTAIN FL

Zip Country  
 32438 USA

3. New Mailing Office Address, If Applicable

P.O. BOX 15584

Suite, Apt. #, etc.

City & State  
 PANAMA CITY FL

Zip Country  
 32406 USA

4. Date Incorporated or Qualified To Do Business in Florida

02/12/2002

5. FEI Number

59-3742379

Applied For

Not Applicable

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
DP	DEAS, DALE S	<del>3108 E. BALDWIN RD.</del> 12505 Boersma Rd	PANAMA CITY FL 32405 Fountain FL 32408
VSD	DEAS, JOSHUA A	4440 VISTA LN.	LYNN HAVEN FL 32444

500029862125  
 10/16/03--01084--002 \*\*150.00

8. Name and Address of Current Registered Agent

DEAS, DALE S  
 3108 E. BALDWIN RD.  
 PANAMA CITY FL 32405

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  
 FL

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date 10-15-05

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:

*[Handwritten Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-28-03 (850) 875-6214  
 Date Daytime Phone #

CR2E040 (7/03)

**DIVISION OF CORPORATIONS  
OCTOBER 15, 2003  
ANNUAL REPORT/ REINSTATEMENT SECTION  
PO BOX 6327  
TALLAHASSEE FL 32314-6327**

**DEAS CUSTOM WOOD FENCES, INC.  
3711 HOOFPRIENT RD.  
PANAMA CITY FL 32404**

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**TO WHOM IT MAY CONCERN:**

**WE, HERE AT DEAS CUSTOM WOOD FENCES, INC. DID NOT RECEIVE THE 2003 CORPORATION ANNUAL REPORT/ UNIFORM BUSINESS REPORT FORM DUE TO MOVING AND CHANGING ADDRESSES. WE, ALSO DID NOT RECEIVE ANY KIND OF NOTICE STATING THAT THE REPORT WAS DUE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR. WE RECEIVED THE REINSTATEMENT APPLICATION ON OCTOBER 14, 2003. WE ENCLOSE WITH THIS LETTER THE APPLICATION AND THE CHECK FOR \$150.00 WITH THE NEW ADDRESS ON THE REINSTATEMENT APPLICATION. WE APOLOGIZE FOR ANY INCONVENIENCE THIS MIGHT HAVE CAUSED. THANK YOU.**

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