

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 16 AM 9:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000058908

1. Corporation Name

ACCENT FENCE, INC.

2. Principal Office Address

2534 Woolery Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

Duval

3. Mailing Office Address

2534 Woolery Drive

Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip

32211

Country

Duval

REINSTATEMENT 03

4. Date Incorporated or Qualified
To Do Business in Florida

5/28/02

5. FEI Number

20-0000065

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Marjorie DeVasto

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

2534 Woolery Drive

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32211

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

Marjorie G. McDaniel

Date 9-9-03

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
DP	Robert P. DeVasto	2534 Woolery Drive	Jacksonville, FL
VPS	Marjorie DeVasto	2534 Woolery Drive	Jacksonville, FL

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:

Marjorie G. McDaniel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-9-03 904-743-2111

Date

Daytime Phone #

CR2E081 (10/02)

2/10/20



✓ Income Tax Service
✓ Financial & Insurance Services
✓ Accounting & Bookkeeping Services

320 Osceola Avenue
Jacksonville Beach, FL 32250
Phone 904/241-2533
Fax: 904/241-1604
www.triplechecktax.com

October 15, 2003

Division of Corporations
Annual Reports Filing
Post Office Box 6327
Tallahassee, FL 32314

Re: Profit Corporation Annual Report
Document P02000058908-Accent Fence, Inc.

Dear Sir/Madam,

Please see the attached Corporate Reinstatement Report for our client listed above. We are requesting a reinstatement and waiver of late fees and ask that you accept the enclosed application and payment of \$150.00 for the 2003 period.

Ms. DeVasto, President of the above Corporation, did not receive her reports for this registration period. Upon completion of her tax interview, it was determined that the report had not been received nor filed. We promptly prepared the document and are now forwarding them. Ms. DeVasto stated that she is a new company and has had problems with her post office in receiving mail for her business.

Thank you for your help with this matter. Please contact me if you have any questions/concerns regarding this matter.

Sincerely,


Beverlee A. Flowers, E.A.

Enclosure: Corporate Reinstatement Report
Check # 2424