

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 NOV -7 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000065988**

1. Corporation Name

RODRIGUEZ, ROQUE FENCE, INC.

Principal Place of Business

Mailing Address

419 CHICAGO WOODS CIR
ORLANDO FL 32824

419 CHICAGO WOODS CIR
ORLANDO FL 32824



REINSTATEMENT JB

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

2. New Principal Office Address, If Applicable

726 PIEDMONT WEKIWA

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

06/12/2002

Suite, Apt. #, etc.

RD

Suite, Apt. #, etc.

5. FEI Number

Applied For
 Not Applicable

City & State

APOPKA FLORIDA

City & State

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

Zip **32703**

Country **USA.**

Zip

Country

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
P	RODRIGUEZ, ALFREDO	419 CHICAGO WOODS CIR	ORLANDO FL 32824
V	ROQUE, ROBERTO	419 CHICAGO WOODS CIR	ORLANDO FL 32824
T	RODRIGUEZ, ALFREDO	419 CHICAGO WOODS CIR	ORLANDO FL 32824
S	ROQUE, ROBERTO	419 CHICAGO WOODS CIR	ORLANDO FL 32824

400024518014
11/07/03 01085 014 **150.00

8. Name and Address of Current Registered Agent

RODRIGUEZ, ALFREDO
419 CHICAGO WOODS CIR
ORLANDO FL 32824

9. Name and Address of New Registered Agent

Name **ALFREDO RODRIGUEZ**
Street Address (P.O. Box Number is Not Acceptable)
419 CHICAGO WOODS CIR
Suite, Apt. #, Etc.
City **ORLANDO** State **FL** Zip Code **32824**

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

Date **10/28/03**

REGISTERED AGENT MUST SIGN

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

10/28/03

Date

Daytime Phone #

CR2040 (7/03)

Orlando, FL October 28, 2003

TO:
Uniform Business Report
Division of Corporations

FROM:
Rodriguez, Roque Fence, Inc.
419 Chicago Woods Cir
Orlando, FL 32824

Dear Sir:

Our company was created in June 12, 2002. As a President of my company, I didn't have knowledge regarding to the annual report that it was supposed to be done the form UBR. Besides I never received the UBR form, to be fillet it out for us.

I ask you to consider the situation, revised this, because I got a letter from you, that it said that I have to paid a elevated penalty, because of my economical situation , I will not be able to paid that amount.

I will promise this is not going to happen again.

Sincerelly;



Alfredo Rodriguez
President