

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 15 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000076124**

1. Corporation Name

IMPERIAL FENCE CORPORATION

Principal Place of Business

4336 NE 6TH AVE
FT LAUDERDALE FL 33334

Mailing Address

4336 NE 6TH AVE
FT LAUDERDALE FL 33334

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/12/2002

5. FEI Number

51-0428779

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)

Name of Officers
and/or Directors

Street Address of Each
Officer and/or Director

City / State / Zip

DP

CLAYTON, RHOAN D

4336 NE 6TH AVE

FT LAUDERDALE FL 33334

800025046968

11/26/03--01006--019 **150.00

8. Name and Address of Current Registered Agent

CLAYTON, RHOAN D
4336 NE 6TH AVE
FT LAUDERDALE FL 33334

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

11/24/03

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

Rhoan Clayton

12/1/03

Date

(954) 588-8634

Daytime Phone #

CR2E040 (7/03)

IMPERIAL FENCE CORPORATION
438 NE 6TH AVE
FT LAUDERDALE FL 33334

November 24, 2003

DIVISION OF CORPORATION
TALLAHASSE

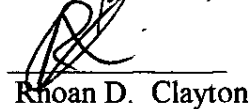
Dear Sir/Madam,

The reason for my corporation fee not paid on the due is that I gave my accountant all the document including the check of \$150.00 which he said he would pay.

~~I was surprise to receive the notice of cancellation of my company. My company is going~~
through financial difficulty and I asking you to be considerate in granting me the waver.

Your consideration will be greatly be appreciated, thank in advance.

Sincerely Yours,



Khoan D. Clayton