

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT -6 PM 1:10

DOCUMENT # P03000076821

1. Entity Name
AMERICAN KEYSTONE & FENCE, INC.



Principal Place of Business
7875 NW 54 ST.
MIAMI, FL 33166

Mailing Address
7875 NW 54 ST.
MIAMI, FL 33166

REINSTATEMENT 05



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10052005 REIN-P CR2E098 (6/04)

City & State

City & State

4. FEI Number
36-4535445

Applied For
Not Applicable

Zip

Country

Zip

Country

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

SANCHEZ, MIGUEL
7875 NW 54 ST.
MIAMI, FL 33166

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 \$150.00

After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD SANCHEZ, MIGUEL 7875 NW 54 ST. MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TD CABRERA, RICARDO 7875 NW 54 ST. MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VD BATISTA, JOSE A 7875 NW 54 ST. MIAMI, FL 33166	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	900060501 ☒ Change ☐ Addition 10/11/05--01063--015 **\$150.00
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-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

Date

Daytime Phone #