

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 DEC 30 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000133620

1. Corporation Name

LEE Smith FENCE Installation & Repair, INC

2. Principal Office Address - No P.O. Box #

5682 CRESCENT BEACH Lp. P.O. Box 1643
Suite, Apt. #, etc.

3. Mailing Office Address

5682 CRESCENT BEACH Lp. P.O. Box 1643
Suite, Apt. #, etc.

City & State

DOVER, FL

Zip Country

33527 United States

City & State

VALERICO, FL

Zip Country

33595 United States

600139361606

12/30/08--01039--014 **450.00

REINSTATEMENT 07-09

4. Date Incorporated or Qualified
To Do Business in Florida

Nov. 17, 2003

5. FEI Number

900124513

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

Marion L. Smith

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

5682 CRESCENT BEACH Lp

Suite, Apt. #, Etc.

City

DOVER

State

FL

Zip Code

33527

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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

Marion Smith

Date 12/26/08

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
P	MARION L. Smith	5682 CRESCENT BEACH Lp DOVER, FL 33527	DOVER, FL 33527
V	KEVIN Smith	12300 Phillips Ln #9	Gibsonton, FL 33534
S	ED Bolding	12300 Phillips Ln #6	Gibsonton, FL 33534

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 contained in Chapter 119, 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:

Marion Smith

Marion Smith

12/26/08

(513) 489-0044

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #