

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 MAR 23 PM 1:59

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P03000142121

1. Corporation Name

**AAA FENCE COMPANY, INC.**

**REINSTATEMENT 05-07**

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #  
4174 INVERRARY DRIVE, #206

3. Mailing Office Address  
4174 INVERRARY DRIVE, #206

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**LAUDERHILL**

City & State  
**LAUDERHILL**

Zip  
**33319**

Country  
**LEE**

Zip  
**33319**

Country  
**LEE**

4. Date Incorporated or Qualified To Do Business in Florida **12/01/2003**

5. FEI Number  
**571194059**

Applied For  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED

3075 State ...  
...  
...

7. Name and Address of Current Registered Agent

**ALL FLORIDA FIRM, INC.**

Street Address (R.O. Box Number is Not Acceptable)  
**465 S. VOLUSIA AVE.**

Suite, Apt. #, etc.  
**SUITE C**

City  
**ORANGE CITY**

State  
**FL**

Zip Code  
**33319**

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 *Devin Newman*  
REGISTERED AGENT MUST SIGN

Date 3/20/07

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	MICHAEL PRINCE	4174 INVERRARY DRIVE, #206	LAUDERHILL 33319 FL

*3/29*

000095815470  
04/04/07--01045--016 \*\*450.00

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: *Michael Prince*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07  
Date

954 245 2951  
Daytime Phone #

**MAR PRINCE COMPANY, INC.**  
**03/20/2007**

**TO WHOM IT MAY CONCERN,**

**I AM ENCLOSING MY REINSTATEMENT FORM FOR MY CORPORATION. I NEVER RECEIVED THE RENEWAL NOTIFICATION FOR MY CORPORATION FOR THE YEARS OF 2005, 2006, OR 2007. THE INSTRUCTIONS FOR REINSTATEMENT INDICATE THAT IF I DID NOT RECEIVE PROIR NOTICE, TO PUT THIS IN WRITING AND THE REINSTATEMENT FEE WOULD BE WAIVED.**

**THANK YOU FOR YOUR ASSISTANCE IN THIS MATTER.**

**SINCERELY,  
MICHAEL PRINCE**