

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

2006 OCT 19 AM 9:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (12/05)

**CORPORATION
REINSTATEMENT**

 **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **PO3000145 284**
1. Corporation Name **John McCann Fencing Inc.**

| | | | |
|---|---------------------------------|---|---------------------------|
| 2. Principal Office Address 5355 Burgess Ave Suite, Apt. #, etc. | | 3. Mailing Office Address 5355 Burgess Ave Suite, Apt. #, etc. | |
| City & State Cocoa, FL | | City & State Cocoa, FL | |
| Zip 32927 | Country Brevard (USA) | Zip 32927 | Country Brevard |

4. Date Incorporated or Qualified To Do Business in Florida **12/01/03**

5. FEI Number **331076506** 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 **John McCann**

Street Address (P.O. Box Number is Not Acceptable)
5355 Burgess Ave

Suite, Apt. #, Etc.

City **Cocoa** State **FL** Zip Code **32927**

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 **John McCann** Date **10-17-06**

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 |
|-----------|-----------------------------------|--|--------------------|
| President | John McCann | 5355 Burgess Ave | Cocoa, FL 32927 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

REINSTATEMENT **10/15/06** **7000081029347** **10/15/06--01039--010 **300.00**

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: **John McCann** Date **10-17-06** Daytime Phone # **321-295-6962**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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5535 Burgess Avenue
Cocoa, Florida 32927

October 17, 2006

Division of Corporation

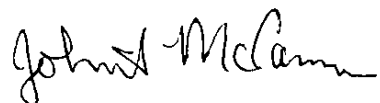
To Whom It May Concern

Please find enclosed a check in the amount of \$300.00 and a Reinstatement Form for my Corporation To be reinstated. I did not realize that my corporation had been dissolved until I received a letter from Workmen's Compensation stating that it had been.

I never received a notice from The Division of Corporation stating that my incorporation was being dissolved.

I spoke to a lady on the above date and this is what she told me to do.

Sincerely,



John McCann