

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000034737

1. Entity Name
ALL PRO FENCE CO.



Principal Place of Business
96 E.J. STRINGER ROAD
CRAWFORDVILLE, FL 32327

Mailing Address
P.O. BOX 1810
CRAWFORDVILLE, FL 32326

FILED

08 DEC 10 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12102008 REIN-P CR2E098 (1/07)

4. FEI Number

59-3541323

Applied For

Not Applicable

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

OLAH, JOSEPH D JR
96 E.J. STRINGER ROAD
CRAWFORDVILLE, FL 32327

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, 2009, 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 P
NAME OLAH, JOSEPH D JR
STREET ADDRESS 96 E.J. STRINGER ROAD
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700138956887
CITY-ST-ZIP 12/11/08--01027--003 **150.00

TITLE VP
NAME HODGES, TERRY E JR
STREET ADDRESS 116 BAY PINE DR
CITY-ST-ZIP CRAWFORDVILLE, FL 32327 ☐ Delete

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

12/10/08