

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

FILED


07 FEB 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300089980953
03/02/07--01003--017 **450.00

REINSTATEMENT

CR2E081 (1/07) 05-01

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # PD4000038042

1. Corporation Name

JOSE QUINTANA FENCES, INC.

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

426 W. PIERCE AVE.

3. Mailing Office Address

426 W. PIERCE AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32809

Country

USA

Zip

32809

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/04

5. FEI Number

42-1623817

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

JOSE QUINTANA

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

426 W. PIERCE AVE.

Suite, Apt. #, Etc.

City

ORLANDO

State

FL

Zip Code

32809

☒ 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

Jose Quintana

Date

02/20/07

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/S/T	JOSE QUINTANA	426 W. PIERCE AVE.	ORLANDO, FL 32809
V	AUGUSTO QUINTANA	426 W. PIERCE AVE.	ORLANDO, FL 32809

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:

Jose Quintana

02/20/07

Date

321-403-7559

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Mitchell FEB 27 2007

2082

Jose Quintana Fences, Inc.
426 W. Pierce Ave.
Orlando, FL 32809

January 20, 2007

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Corporation Reinstatement
P04000038042

Dear Sir/Madam:

Please waive the reinstatement fees on the attached application. I moved from 631 Creekwood Dr., Orlando, FL 32809 and never received the renewal notices.

My current address is: 426 W. Pierce Ave., Orlando, FL 32809

Thank you for your assistance in this matter.

Sincerely,

Jose Quintana

Jose Quintana

*\$450 POSTAL MONEY ORDER ENCLOSED FOR
2005, 2006 & 2007 ANNUAL REPORT FILING FEES.*