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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

06 OCT 11 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P04000091559

1. Corporation Name

GAVINO FENCE COMPANY, INC.

2. Principal Office Address

1629 NE 34th LANE

3. Mailing Office Address

Suite, Apt. #, etc.

UNIT # A

Suite, Apt. #, etc.

City & State

OAKLAND PARK, FL

City & State

Zip

33334

Country

USA

Zip

Country

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

5. FEI Number

20-1245982

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

HENRY COLLAZO

200080740882

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

1629 NE 34th LANE

10/11/06--01071--009 \*\*150.00

Suite, Apt. #, Etc.

UNIT # A

200080740882

10/11/06--01071--010 \*\*150.00

City

OAKLAND PARK,

State

FL

Zip Code

33334

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

*Henry Collazo*  
REGISTERED AGENT MUST SIGN

Date

10/4/06

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	COLLAZO, HENRY	1629 NE 34 LANE # A	OAKLAND PARK, FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/4/06

Date

Daytime Phone #

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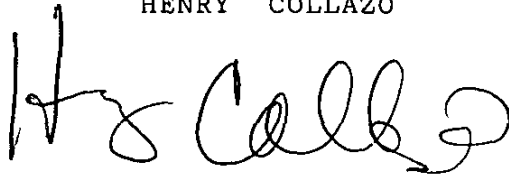
GAVINO FENCE COMPANY, INC.  
HENRY COLLAZO  
1629 N.E. 34TH LANE #A  
OAKLAND PARK , FL 33334

OCTOBER 4, 2006

TO: DEPARTMENT OF STATE DIVISION OF CORPORATIONS  
P.O. BOX 6327 TALLAHASSEE , FL 32314

- \* Established company through tax accountant June 2004
- \* Victim of Hurricanes Charlie & Ivan August/Sept. 2004
- \* Grant from FEMA October 2004
- \* Moved October 22, 2004 to 1629 N.E. 34 Lane #A  
Oakland Park, FL 33334
- \* Filed forwarding address with Post Office
- \* Never received any mail from Division of Corporations

HENRY COLLAZO

A handwritten signature in black ink, appearing to read "Hx Collazo", written in a cursive style.