

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P04000151905

1. Corporation Name

Suarez Fence Corporation

2. Principal Office Address - No P.O. Box #
22400 SW 274 street

3. Mailing Office Address
P.O. box 900223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Homestead, Florida

City & State
Homestead, Florida

Zip
33031

Country

Zip
33090

Country

7. Name and Address of Current Registered Agent

Name
Maria A Suarez

Street Address (P.O. Box Number is Not Acceptable)
22400 SW 274 street

Suite, Apt. #, Etc.

City
Homestead

State
FL

Zip Code
33031

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

Maria A Suarez
REGISTERED AGENT MUST SIGN

Date **4/03/2007**

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
PD	Flex Suarez	22400 Southwest 274 street	Homestead Florida 33031
VD	Maria Suarez	22400 Southwest 274 street	Homestead Florida 33031

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:

Flex Suarez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/2007
Date

Daytime Phone #

FILED

2007 APR 12 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900098011779
04/23/07--01038--018 **1050.00

REINSTATEMENT 05-07

CR2E081 (1/07)

4. Date Incorporated or Qualified
To Do Business in Florida **11/05/2004**

5. FEI Number
35-2289954

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

☐ 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.