

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 DEC 30 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08000063908

1. Corporation Name

Keystone Fence Inc.

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

345 Orchid Ave.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1326

Suite, Apt. #, etc.

City & State

Keystone Heights, FL

City & State

FL, Keystone Heights

Zip

32656

Country

USA

Zip

32656

Country

U.S.

4. Date Incorporated or Qualified  
To Do Business in Florida

2008

5. FEI Number

☐ Applied For  
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$2.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Thomas Semione

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

345 Orchid Ave.

Suite, Apt. #, Etc.

City

Keystone Heights, FL

State

FL

Zip Code

32656

400189135544  
01/03/11--01001--024 \*\*750.00

400189135544  
01/03/11--01002--002 \*\*150.00

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

[Signature]

Date

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	Thomas Semione	345 Orchid Ave	Keystone Heights FL 32656

10. E-mail Address: Keystone Fence Inc @ yahoo.com

(To be used for future annual report notification)

11. I certify that I am an officer or director of 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. I further certify 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

12/30/08