

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 DEC -3 PM 3:32

DOCUMENT #

P93000065564

1. Corporation Name

Hurricane Fence Company, Inc.

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

3360 NE 16th Ave.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip

33334

Country

USA

3. Mailing Office Address

3360 NE 16th Ave.

Suite, Apt. #, etc.

City & State

Oakland Park, FL

Zip

33334

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9-16-1993

5. FEI Number

65-0439668

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

Philip Hanson

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

3360 NE 16th Ave.

Suite, Apt. #, Etc.

City

Oakland Park,

State

FL

Zip Code

33334

☐ 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

Philip Hanson

REGISTERED AGENT MUST SIGN

Date

Nov 14, 2008

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
Owner	Philip Hanson	3360 NE 16th Ave.	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

Nov. 14, 2008

Date

Daytime Phone #

863-268-0161

8632680161

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Nov. 17, 2008

To Whom Ever,

I am sending in for my reinstatement. I don't have the old paper work because I had trouble with kids getting in the mail box. I have my correct address on the form. However I'm in Polk County staying with some friends right now and I do have my mail forwarded to their home. If possibel could you please forward my papers to here rather than to my home address?

Thank you,

A handwritten signature in cursive script, appearing to read "Hanson", with a long horizontal flourish extending to the right.

Philip Hanson

The address is Connie Baker
118 Colleen Court
Auburndale, FL 33823
863 268 0161 home
863 838 9646 cell