

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT -3 AM 8:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000065564

1. Corporation Name

Hurricane Fence Co. Inc.

2. Principal Office Address

3360 ne. 16 ave.

Suite, Apt. #, etc.

City & State

Oakland Park

Zip

33334

Country

Broward

3. Mailing Office Address

3360 ne. 16 ave.

Suite, Apt. #, etc.

City & State

Oakland Park

Zip

33334

Country

Broward

REINSTATEMENT 96-03

4. Date Incorporated or Qualified
To Do Business in Florida

09-16-93'

5. FEI Number

#650439668

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. 16 ave.

Suite, Apt. #, Etc.

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

Hanson

REGISTERED AGENT MUST SIGN

Date 09-29-03'

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. 16 ave.	Oak. pk. Fla. 33334

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 under section 119.07(3)(i), 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

Hanson

09-29-03' 954-
553-4195

Date

Daytime Phone #

CP2E081 (10/02)

21 10/3