

100-443887-100

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

800002929868--6  
-07/13/99--01037--008  
\*\*\*\*\*8.00 \*\*\*\*\*8.00

**REINSTATEMENT** 96-99

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED  99 JUN 25 AM 7:53  TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> <u>PX15000018913</u>					
1. Corporation Name <u>IDEAL ESTATE FENCE</u>					
Principal Place of Business <u>2609 S. SANFORD AVE</u> <u>SANFORD, FL 32773</u>			Mailing Address		
If above addresses are incorrect in any way, line through incorrect information and enter correction below.					
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable <u>531 CODISCO WAY</u>		4. Date Incorporated or Qualified To Do Business in Florida <u>5/95</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>59-3307719</u>	
City & State		City & State <u>SANFORD, FL</u>		Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip <u>32773</u>		Country <u>USA</u>	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status					
<b>REINSTATEMENT</b> <u>96-09</u>					
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip		
1	2	3			
<u>PRES</u>	<u>WALTER LEHMANN</u>	<u>2732 DEARBERRY CT.</u>	<u>SANFORD, FL 32779</u>		
<u>V.P.</u>	<u>CLAYTON PAGE</u>	<u>112 WIMPSIDE CT.</u>	<u>SANFORD, FL 32771</u>		
			<b>LS</b>		
			<b>R000002929868--C</b> -07/13/99--01037--009 ***1200.00 ***1200.00		
8. Name and Address of Current Registered Agent <u>WALTER LEHMANN</u> <u>2732 DEARBERRY CT.</u> <u>SANFORD, FL 32779</u>			9. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			Suite, Apt. #, Etc.		
			City		State <b>FL</b>
			Zip Code		
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <u>[Signature]</u> REGISTERED AGENT MUST SIGN			Date <u>6/22/99</u>		
11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> (See other side for information on intangible tax.)					
12. 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)(j), 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u>6/22/99</u> Daytime Phone # <u>407-232-7589</u>		