

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

01 FEB 23 AM 9:25

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000095066

1. Corporation Name

RANGEGUARD INDUSTRIES, INC.

2. Principal Office Address

3360 NW 22 PLACE

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL.

Zip

33066

Country

BROWARD

3. Mailing Office Address

3360 NW 22 PLACE

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

Zip

33066

Country

BROWARD

**4. Date Incorporated or Qualified
To Do Business in Florida**

NOV. 18, 1996

5. FEI Number

65-0712384

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

RAYMOND BESSETTE

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

3360 NORTHWEST 22 PLACE

Suite, Apt. #, Etc.

City

Coconut Creek

State
FL

Zip Code
33066

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***1350.00 ***1350.00

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

Raymond Besette
REGISTERED AGENT MUST SIGN

Date **2-19-01**

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
(D) PRES.	RAYMOND BESSETTE	3360 NW 22 PLACE	COCONUT CREEK, FL. 33066
(D) V.P.	Jacqueline BESSETTE	3360 NW 22 PLACE	COCONUT CREEK, FL. 33066
(D) SEC.	KAREN DORIO	3360 NW 22 PLACE	COCONUT CREEK, FL. 33066

REINSTATEMENT

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: **RAYMOND BESSETTE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (9/00)