

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

05 JUN -6 PM 9:38

DOCUMENT # 797000012309

1. Corporation Name

PLAYFENCE, INC.

2. Principal Office Address

2626 RIO GRANDE DR

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33950

Country

US

3. Mailing Office Address

2626 RIO GRANDE DR

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

Zip

33950

Country

US

REINSTATEMENT 99-05

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

2/05/97

5. FEI Number

65-0742565

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

JOHN M. WILLIAMS

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

2626 RIO GRANDE DR

Suite, Apt. #, Etc.

City

PUNTA GORDA, FL

State

FL

Zip Code

33950

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

John M. Williams

REGISTERED AGENT MUST SIGN

Date

6/2/05

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	NORA S. WILLIAMS	2626 RIO GRANDE DR.	PUNTA GORDA, FL 33950
VST	JOHN M. WILLIAMS	2626 RIO GRANDE DR.	PUNTA GORDA, FL 33950

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06/06/05--01055--015 **1650.00

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:

John M. Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/2/05

Daytime Phone #

941-639-5859

CR2E081 (07/05)