PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10/2

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|---|---|--------------------------|--|--|---|-----------------------|--|
| CORPORATION REINSTATEMENT ELORIDA DEPARTMENT OF STATE Kallerine Harri Occupantos Division of Corporations | | | | | DI NOV 26 AMII: 14 | | |
| DOCUMENT #DOMESTIC PE | | | | · · · · · · · · · · · · · · · · · · · | | | |
| 1. Corporation Name | | | | SEURETAAY OF STATE TALLAHASSEE, FLORIDA | | | |
| Best Fence Company | | | | | | | |
| | | | | | | | |
| 0+ | Jacksonville, I | _nc, | | | | , | |
| 2. Principa | ai Office Address | 3. Mailing Office Add | Mailing Office Address | | P | | |
| 5404 Race Track Rd. 1 | | 6404 Race Track Rd. | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| | | | | | 4. Date Incorporated or Qualified To Do Business in Florida 6/20/97 | | |
| City & State | | City & State | | | • | Applied For | |
| | Ksonville, FL | | Jacksonville, FL | | 5. FEI Number Applied For Not Applicable Not Applicable | | |
| Zip | Country | 32259 | Country | 6. | SE STATUS DECIDED TO \$8.75 Ad | ditional Fee required | |
| 3225 | 59 | | | | for a C | ertificate of Status | |
| 7. Name and Address of Current Registered Agent | | | | | | | |
| | Michael E. Grubbs | | | | | | |
| | Street Address (P.O. Box Number is Not Acceptable) 30004719693 3 | | | | | | |
| | 5404 Kace Track Rd. | | | | -12/12/01010 | | |
| | Guito, Apt. #, Etc. | | | | ****500.00 [** | g***000.00 | |
| | Jacksonville | | | State Zip Code FL 32259 | | | |
| 8. I, being | appointed the registered agent of the abo | ye named corporation, an | familiar with and accept the c | bligations of section | on 607.0505 or 617.0503, F.S. | | |
| Signature of | | 1 15 | | , | اماليا | CRZE081 (9/00) | |
| Registered | | CORRESPONDENT MUS | ST SIGN | | Date 11 13 01 | | |
| | | | | | | | |
| | nes and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations mu | | | Each Each | | | |
| Titles | Name of Officers and/or Directors | | Street Address of Each Officer and/or Director | | City / State / Zip | | |
| р | Michael E. Gri | 1665 540 | 14 Race Trac | ck Rd. | Jacksonville, F | L 32259 | |
| | | | | | , | | |
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| | | | A THE RESIDENCE OF THE PROPERTY OF THE PROPERT | | | | |
| • | | | | | | : | |
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| | | | | | | | |
| 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 filling 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: MANUAL MICHAELE, GRUBS 11 13 0 904-219-1870 | | | | | | | |
| SIGNAT | TURE: SIGNATURE AND TYPED OR PRI | NULLU | ICHAELE, GRU FFICER OR DIRECTOR | 665 11/1 | 3101 904-1 Date Daytime Pi | 114-18-10 | |



Blair & Company

Certified Public Accountants Established Since 1982

Imagine that tomorrow is the key to living your dreams.
Our mission is to help you make your dreams a reality through creating and retaining wealth.
In that process, we will grow together.

November 13, 2001

Department of State Division of Corporations Reinstatement Department P.O. Box 6327 Tallahassee, FL 32314 Sent By: Priority Mail

Re: Best Fence Company of Jacksonville, Inc.
Administrative Dissolution

Dear Sir or Madam:

Pursuant to my telephone conversation today with Michelle Milligan of the Division of Corporations Reinstatement Department, I am forwarding the following items:

- 1. Completed Corporation Reinstatement Form;
- 2. Check in the amount of \$600.00 payable to the Florida Department of State;
- 3. Copy of our letter and enclosures previously sent to you.

The aforementioned corporation never received an Annual Uniform Business Report, Late Filing Notice or Reinstatement Application. It appears that these items were mailed or delivered to an incorrect address.

It is respectfully requested that the Annual Report Fees and Corporate Supplemental Fees be waived. Ms. Milligan explained to me that we must at least send the \$600 Reinstatement Fee (\$150 x 4 yrs) in order to have the corporation reinstated.

As you can see, the aforementioned corporation incorporated on June 20, 1997. There was clearly no willful intent to disregard filing the Annual Uniform Business Reports. Imposition of penalty in this case is not warranted.

If you have any questions, please contact me.

Sincerely,

Mary Anne Mauller

Enclosures

Pc: Michael Grubbs

3810-4 Williamsburg Park Boulevard · Post Office Box 56315 · Jacksonville, Florida 32241-6315 (904) 636 · 0730 · Fax (904) 739 - 6611

FL Dept State re Best Fence 11-13-01

