

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000072266		01 OCT 18 PM 4:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Corporation Name A.R.L. FENCE, INC.			
Principal Place of Business 9360 NW 2Y CRT SUNRISE FL 33322 US		Mailing Address 9360 NW 2Y CRT SUNRISE FL 33322 US	
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	
Suite, Apt. #, etc. 9360 NW 24th CRT City & State SUNRISE FL Zip 33322 Country US		Suite, Apt. #, etc. 9360 NW 24th CRT City & State SUNRISE FL Zip 33322 Country US	
4. Date Incorporated or Qualified To Do Business in Florida		08/20/1997	
5. FEI Number		65-0776932	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>		Applied For Not Applicable	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	GONZALEZ, RAUL R	3680 INVERRARY DR, APT 3H	LAUDERHILL FL 33319
VSD	GONZALEZ, LILIAM	3680 INVERRARY DR, APT 3H	LAUDERHILL FL 33319
TD	PEREZ, HUMBERTO	738 EAST 53 STREET	HIALEAH FL 33013
300004663613--7 -11/02/01--01016--002 ****750.00 ****750.00			
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
GONZALEZ, RAUL R 9360 NW 2Y CRT SUNRISE FL 33322		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State Zip Code FL	
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		Date 10/14/01	
11. 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: LILIAM GONZALEZ		Date 10/14/01 (954)747-4883	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			