

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

05 MAY 23 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000106028**

1. Corporation Name

FLORIDA SILT FENCING, INC.

2. Principal Office Address

4 SOUTH HIGHWAY 17-92

Suite, Apt. #, etc.

SUITE E

City & State.

DEBARY FL

Zip

32713

Country

USA

3. Mailing Office Address

P.O. BOX 530446

Suite, Apt. #, etc.

City & State.

DEBARY FL

Zip

32753

Country

USA

REINSTATEMENT

04-05

4. Date Incorporated or Qualified
To Do Business in Florida

12/17/97

5. FEI Number

59-3482263

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

BILLY DEVANE JR.

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

393 RIVER BLUFF CIRCLE

Suite, Apt. #, Etc.

City

DEBARY

State

FL

Zip Code

32713

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

B. Devane Jr.

REGISTERED AGENT MUST SIGN

Date

May 19, 2005

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
PRESIDENT	BILLY DEVANE JR.	393 RIVER BLUFF CIRCLE	DEBARY, FL. 32713

800055147348

05/23/05--01066--006 **908.75

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

B. Devane Jr.

Date

May 19, 2005 3867530575

Daytime Phone #

CR2E081 (3/1/05)