

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 OCT -4 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000004125

1. Corporation Name

Atlas Fence & Railing Manufacturing inc.

800008284778--3

-10/09/02--01039--021

****300.00 ****300.00

2. Principal Office Address

1550 sawgrass corp parkway

Suite, Apt. #, etc.

suite-230

City & State

Sunrise, Fl

Zip

33323

Country

usa

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

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

01/12/98

5. FEI Number

650807261

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

Jackie Woolf

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

1550 sawgrass corp parkway

Suite, Apt. #, Etc.

suite 230

City

sunrise

State

FL

Zip Code

33323

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

REGISTERED AGENT MUST SIGN

Date 09/30/2002

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
pr.	JACKIE WOOLF	1550 SAWGRASS CORP PKWY	SUNRISE FL, 33323

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

JACKIE WOOLF

09/30/02

954-977-7660

Date

Daytime Phone #

CR2E081 (9/01)

25 10/4/02