

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

1999-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 24 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000055793

1. Corporation Name

Morton Fence, Inc.

2. Principal Office Address

2033 Hwy. 98 N.

Suite, Apt. #, etc.

City & State

Keechobee, FL.

Zip

34972

Country

USA

3. Mailing Office Address

PO Box 614

Suite, Apt. #, etc.

City & State

Keechobee, FL.

Zip

34973

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/23/98

5. FEI Number

65-0846578

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

Shirley Morton

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

2033 Hwy. 98 N.

Suite, Apt. #, Etc.

City

Keechobee

100004288501

05/22/01-01137

****450.00 ****450.00

State

FL

Zip Code

34972

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

Shirley Morton

REGISTERED AGENT MUST SIGN

Date 4/18/01

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
D	James Morton	2033 Hwy. 98 N.	Keechobee, FL 34972
D	Shirley Morton	2033 Hwy. 98 N	Keechobee, FL 34972
P	Shirley Morton	2033 Hwy 98 N	Keechobee, FL 34972
V/S	Matthew Morton	2930 Hwy 710	Keechobee, FL 34974

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:

Shirley Morton Shirley Morton

4/18/01

Date

863-763-2210

Daytime Phone #

CR2E081 (9/00)

Morton Fence, Inc. #98000055793
Inc. on June 3, 1998.

I only found out recently that we
were to reinstate each year. I'm sorry,
but we did not receive a form to
reinstate. When I called 3/14/01, they
said they have been sending it to
our street address, 2033 Hwy 98 N. Our
mailing address is P.O. Box 644,
Okechoku, IL 34973.

Enclosed is a check for \$450.00
to reinstate the years 1999, 2000, 2001.
I ask that the state fees be waived,
please, due to the wrong address.

Thank you,

Morton Fence, Inc.
2033 Hwy 98 N.
Mailing Add. P.O. Box 644
Okechoku, IL 34973

Shirley Morton, Pres.
\$450.00 is amount Fisher told me to send on
phone 3/14/01