

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
2000 UBR

FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P99000027590

1. Corporation Name

AMERICAN ORNAMENTAL GATES, INC.

FILED

00 NOV 28 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

5 CURVED CREEK WAY 5 CURVED CREEK WAY  
ORMOND BEACH FL 32174 ORMOND BEACH FL 32174  
100 BUSINESS CTR. DR. SK. # 6  
ORMOND BEACH, FL 32174



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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/22/1999	
100 BUSINESS CENTER DR. # 6				5. FEI Number	
City & State		City & State		59-3565953	
Zip		Country		CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
FL 32174					

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PRESIDENT	KLAUS LIEDTKE	5 CURVED CREEK WAY	ORMOND BEACH, FL 32174

100003505701--6  
-12/19/00--01052--007  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LIEDTKE, KLAUS 5 CURVED CREEK WAY ORMOND BEACH FL 32174	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 SIGNATURE REQUIRED Date 11/15/2000

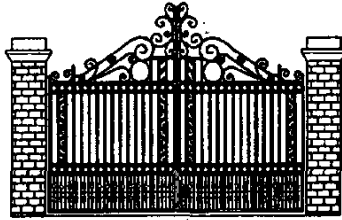
REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED KLAUS LIEDTKE, PRESIDENT 11/22/2000 904-671-0122

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E040 (8/00)



**AMERICAN ORNAMENTAL GATES, INC.**

November 13, 2000

**TO:** Florida Dept. of State  
Division of Corporations  
Annual Report/Reinstatement Section  
P.O.Box 6327  
Tallahassee, FL 32314-6327

**FROM:** Klaus Liedtke  
American Ornamental Gates, Inc.  
100 Business Center Drive, Suite #6  
Ormond Beach, FL 32174

**SUBJECT: REINSTATEMENT**

Per my phone conversation with your department I would like to make the requested statement to you in writing about not received the initial letters or invitation to reinstate our corporate status. I apologize for any inconvenience we may cost you, but we never received the filing forms or a letter.

Per your request I enclosed a check for the amount of \$150.00.

Regards,

Klaus Liedtke  
President