

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 30 PM 4:00

DOCUMENT # P99000037665

1. Corporation Name

R.T. Fence Inc.
P99000037665

100004721101--5
-12/12/01--01075--006
****750.00 ****750.00

2. Principal Office Address

7860 Margate Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

7860 Margate Blvd

Suite, Apt. #, etc.

City & State

Margate FL

City & State

Margate FL

Zip

33063

Country

United States

Zip

33063

Country

United States

REINSTATEMENT

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

4-22-99

5. FEI Number

65-0914743

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

Ralph Tumino

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

7860 Margate Blvd

Suite, Apt. #, Etc.

City

Margate

State

FL

Zip Code

33063

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

Ralph Tumino

Date 11/28/01

REGISTERED AGENT MUST SIGN

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
P	Ralph Tumino	7860 Margate Blvd	Margate FL 33063

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:

Ralph Tumino Ralph Tumino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/28/01
Date

(954) 761-0855
Daytime Phone #