

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 MAY 23 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05834

1. Corporation Name

McFATTER FENCE & SERVICES
INC.

2. Principal Office Address

3. Mailing Office Address

1312 N. EAST AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PANAMA CITY FL.

Zip

Country

Zip

Country

32401

Bay

000019850190

05/23/03--01079--011 **300.00

4. Date Incorporated or Qualified
To Do Business in Florida

1992

5. FEI Number

69-3100522

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$875 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

McFATTER, THOMAS H.

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

1306 S INVERNESS RD

Suite, Apt. #, Etc.

City

LYNN HAVEN

State

FL

Zip Code

32444

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

Thomas H. McFatter

Date

5/22/03

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

32444

P/O McFATTER, THOMAS H

1306 S INVERNESS RD

LYNN HAVEN FL

S/T/D McFATTER MICHAEL B.

2302 PENTLAND RD

LYNN HAVEN FL

V/P/O McFATTER JON T.

1510 MCKENZIE CT

LYNN HAVEN FL 32444

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:

Thomas H. McFatter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/03

Date

850-7690624

Daytime Phone #

CR2E081 (10/02)

McFatter Fence & Service, Inc.

1312 N. East Ave.

Panama City, FL 32401

DIVISION OF CORP.

PO BOX 6327

TALLAHASSEE, FL 32314

Dear Sir -

I am sorry I haven't filed the
Necessary papers to continue my
CORP. I haven't reviewed my farm
for 2002 or 2003. I just found out
this week that I hadn't filed the
paper. I am enclosing \$300.00, \$150.00
for 2002 and \$150 for 2003. I hope this
clears my status, because I need my
Corp.

Thank you so much for your
help

Regards

Therrell McFatter
Pres.

Phone & Fax: 850-769-0624