

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

99 AUG 26 PM 12:30

DOCUMENT # V05911

1. Corporation Name

SUWANNEE Fence Co INC.

W99-18778

Principal Place of Business

Mailing Address

22618 C.R. 49
 O'Brien, FL
 32071

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.

5. FEI Number

59-3099902

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
1	2	3	4
Pres	MARGIE Caparelli	22618 C.R. 49	O'Brien, FL 32071
V. Pres	ERNESTO Caparelli	22618 C.R. 49	O'Brien FL 32071
Sec.	Sem Caparelli	22618 C.R. 49	O'Brien FL 32071
Tres	Frank Caparelli	22618 C.R. 49	O'Brien FL 32071

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Margie Caparelli
 22618 C.R. 49
 O'Brien, FL
 32071

Name

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

Suite, Apt. #, Etc.

City

300002974673-9

-08/31/99-01045-014

FL 465.00

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

Margie Caparelli

REGISTERED AGENT MUST SIGN

Date 8/5/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Margie Caparelli

MARGIE Caparelli

Date

8/5/99

Daytime Phone #

904-9353466

CR2001 (12/98)

SUWANNEE FENCE CO., INC.

ALL TYPES FOR ALL PURPOSES

No Job or Repair Too Large or Too Small

Licensed & Insured 22618 C.R. 49 • O'Brien, Florida 32071
33 Years Experience Phone/Fax (904) 935-3466



To Whom It May Concern,

7/20/99.

I have not received

a renewal on Corporation
~~fictional names~~

The Post office has changed our
mailing address 4 times in
10 years. Now we finally got
a permit address.

Thank you,
Margie Caparelli.