

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

01 JAN 30 AM 11:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *VL 388*

1. Corporation Name

Advance Fencing of Orlando Inc.

2. Principal Office Address

1925 Claraona Ocoe Rd

Suite, Apt. #, etc.

3. Mailing Office Address

2964 Cherokee Rd

Suite, Apt. #, etc.

City & State

Ocoe FL 34761

Zip Country

34761 Orange

City & State

Saint Cloud, FL

Zip Country

34772 Osceola

4. Date Incorporated or Qualified
To Do Business in Florida

92

5. FEI Number

59-3146412

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

Grant L Kempher

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

2964 Cherokee Rd

Suite, Apt. #, Etc.

City

Saint Cloud

State

FL

Zip Code

34772

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

[Signature]

Date

01/24/01

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
<i>Pres</i>	<i>Grant Kempher</i>	<i>2964 Cherokee Rd</i>	<i>St. Cloud FL 34772</i>

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****1500.00 ***1500.00*

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:

Grant L. Kempher

Date

01/24/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR