

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000012393**

1. Limited Liability Company's Name

Landmark Fence, LLC

2. Principal Office Address

2305 N. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

Zip

34744

Country

3. Mailing Office Address

2305 N. Orange Blossom Tr.

Suite, Apt. #, etc.

City & State

Kissimmee, FL.

Zip

34744

Country

4. State/Country of Formation

Florida - US

5. Date Organized or Qualified
To Do Business in Florida

2001

6. FEI Number

59-3133091

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Wayne Smalley

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

1517 E. Hill Crest St.

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT (MUST SIGN)

Date **1/30/03**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MCAR	James Smith	1080 E Lake Shore Blvd	Kissimmee, FL. 34744

000011626430
02/03/03--01/03--030 **50.00

01/23/03 01045 002
*** 150.00**

REINSTATEMENT

2002 - 2003

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

[Signature]

Date **1/30/03**

Daytime Phone #

407 847 2422

Typed or printed name of signing Managing Member/Manager

James Smith