


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																									
DOCUMENT # 1. Limited Liability Company's Name <u>203000050080</u> <u>Nimblett Fence Company, LLC</u>																											
2. Principal Office Address - No P.O. Box # <u>14 Cricket Lane</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>same</u> Suite, Apt. #, etc.																									
City & State <u>Quincy Fla</u>		City & State <u>Quincy Fla</u>																									
Zip <u>32351</u>	Country <u>Garden</u>	Zip <u>32351</u>	Country <u>USA</u>																								
4. State/Country of Formation																											
5. Date Organized or Qualified To Do Business in Florida <u>12/04/03</u>																											
6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable																											
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																											
8. Name and Address of Current Registered Agent Name <u>Mark Nimblett</u> Street Address (P.O. Box Number is Not Acceptable) <u>14 Cricket Lane</u> Suite, Apt. #, Etc. City <u>Quincy</u> State <u>FL</u> Zip Code <u>32351</u>																											
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 <u>Mark Nimblett</u> Date <u>Sept 20 2010</u> REGISTERED AGENT MUST SIGN																											
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 10%;">Titles</th><th style="width: 30%;">Name of Managing Members/Managers</th><th style="width: 30%;">Street Address of Each Managing Member/Manager</th><th style="width: 30%;">City / State / Zip</th></tr></thead><tbody><tr><td><u>MR/M</u></td><td><u>Mark Nimblett</u></td><td><u>14 Cricket Lane</u></td><td><u>Quincy Fl 32351</u></td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	<u>MR/M</u>	<u>Mark Nimblett</u>	<u>14 Cricket Lane</u>	<u>Quincy Fl 32351</u>																
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REINSTATEMENT-09-10																											
11. E-mail Address: <u>mnimblett@yahoo.com</u> <small>(To be used for future annual report notifications)</small>																											
12. 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 <u>Mark Nimblett</u> Date <u>9/20/10</u> Daytime Phone # <u>850 937-5047</u> Typed or printed name of signing Managing Member/Manager																											