

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 SEP 20 AM 9:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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09/20/10--01004--004 **377.50

CR2E041 (05/10)

DOCUMENT #

1. Limited Liability Company's Name

203000050080
Nimblett Fence Company, LLC

2. Principal Office Address - No P.O. Box #

14 Cricket Lane

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Quincy Fla

City & State

Quincy Fla

Zip

32351

Country

Garden

Zip

32351

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12/04/03

6. FEI Number

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

Mark Nimblett

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

14 Cricket Lane

Suite, Apt. #, Etc

City

Quincy

State

FL

Zip Code

32351

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

Mark Nimblett

REGISTERED AGENT MUST SIGN

Date

Sept 20 2010

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
MEM	Mark Nimblett	14 Cricket Lane	Quincy, FL 32351
REINSTATEMENT - 09-10			

11. E-mail Address: MNimblett@yahoo.com

(To be used for future annual report notifications)

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

Mark Nimblett

Date

9/20/10

Daytime Phone #

850 933-5047

Typed or printed name of signing Managing Member/Manager

MS