

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATION

10 NOV 19 AM 10:06

DOCUMENT # L04000074298

1. Limited Liability Company's Name

Cashless Fence Company, LLC

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

325 NW 12TH AVE

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Okeechobee Fla.

City & State

Zip

Country

Zip

Country

34972

8. Name and Address of Current Registered Agent

Name

Maylan Russell Davis

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

325 NW 12TH AVE

Suite, Apt. #, Etc.

City

Okeechobee

State

FL

Zip Code

34972

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

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

Maylan Russell Davis
REGISTERED AGENT MUST SIGN

Date 10-22-10

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
mgrm	Maylan Russell Davis	325 NW 12TH AVE. #	Okeechobee Fla. 34972

REINSTATEMENT 09, 10

11. E-mail Address:

(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

Maylan Russell Davis

Date 10-22-10

Daytime Phone # 863-22-1865

Typed or printed name of signing Managing Member/Manager

Maylan Russell Davis