

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 FEB -2 AM 10:40

DOCUMENT # L04000078996 1. Entity Name STEEL CITY FENCE, LLC			
Principal Place of Business 6540 METROWEST BLVD APT 307 ORLANDO, FL 32835		Mailing Address 6540 METROWEST BLVD APT 307 ORLANDO, FL 32835	
2. Principal Place of Business 6540 Metrowest Blvd Suite, Apt. #, etc. APT # 307 City & State ORLANDO, FL Zip 32835		3. Mailing Address 6540 Metrowest Blvd Suite, Apt. #, etc. APT # 307 City & State ORLANDO, FL Zip 32835	
4. FEI Number 300280611		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GORSUCH, RONALD R 6540 METROWEST BLVD APT 307 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name RONALD R. GORSUCH Street Address (P.O. Box Number is Not Acceptable) 6420 Metrowest Blvd APT # 1009 City ORLANDO	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Ronald R. Gorsuch</u> DATE <u>1/21/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$200.00		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GORSUCH, RONALD R 6540 METROWEST BLVD APT 307 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100065832971 02/14/06--01037--003 **205.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STAUFFER, CHAD E 6540 METROWEST BLVD APT 307 ORLANDO, FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 05-06
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Chad E. Stauffer</u> CHAD E. STAUFFER MNGR DATE <u>1/21/06</u> DAYTIME PHONE # <u>407-421-9871</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			