

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 CORPORATIONS
05 DEC 30 AM 9:40

DOCUMENT # L 04000083657

1. Limited Liability Company's Name

Jerry Short Fence, L.L.C.

2. Principal Office Address

4640 North US1

Suite, Apt. #, etc.

City & State

Melbourne FL

Zip

32935

Country

3. Mailing Office Address

1047 Japonica Lane

Suite, Apt. #, etc.

City & State

Cocoa FL

Zip

32922

Country

CR2E041 (8/05)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

11/15/04

6. FEI Number

34-2027756

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

Jerry Short

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

1047 Japonica Lane

Suite, Apt. #, Etc.

City

Cocoa

State

FL

Zip Code

32922

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

Jerry Short
REGISTERED AGENT MUST SIGN

Date 12/26/05

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
MGR	<u>Jerry Short</u>	<u>1047 Japonica Ln</u>	<u>Cocoa FL</u>
			<u>100062482971</u>
			<u>12/30/05--01005--001 **155.00</u>

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

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager