## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		•
LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED 08 JAN 29 AM 10: 38
DOCUMENT #		
1. Limited Liability Company's Name		SECRETARY OF STATE TALLAHASSEE, FLORIDA
Williams Fence LLC		INCENTROSCETTESTION
L04000093217		0000044440000
2. Principal Office Address - No P.O. Box #	3. Mailing Office Address	CR2E041 (12/07)
2416 Alice St	POBOX 702	4. State/Country of Formation
Suite, Apt. #, etc.	Suite, Apt. #, etc.	FIA. / U.S
		5. Date Organized or Qualified To Do Business in Florida
On Antico CIA	City & State	6. FEI Number Applied For
PAIAKA F//7	PAIA+KA, FIA.	266-70-2220 Not Applicable
32177 W.S.	32178 II. S	CERTIFICATE OF STATUS DESIRED 55.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		
Name / 1/11 a		A \$100 reinstatement fee is imposed, except
TAMES WILLAMS  Street Address (P.O. Box Number is Not Acceptable)		in circumstances which the entity did not
2416 Alice St		receive the prior notices. By checking this box, you are certifying the prior notices were.
Suite, Apt. #, Etc.		not received and requesting the \$100
PAIA+KA FL 32177		reinstatement be waived. —
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 MUST SIGN  Date 1/3 × /0 8		
10. Names and Street Addresses of Managing Members/Managers		
Titles Name of Managing Members/Manag	Street Address of Each	
MORM JAMES WILLIAM	5 2416 ALICE ST	PALATKA, FL 32177
		100115419271 01/17/0801042011 **421.25
REINSTATEMENT 06-08		
	Cus	5
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		
filling 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 X Ambr Wellams Date 1/3/08 Daytime Phone# (386) 546-6390		
Typed or printed name of signing Managing Member/Manager JAMES Williams		