

BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



OF STATE

DIVISION OF CORPORATIONS

FILED

08 SEP 10 PM 7:19

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E041 (12/07)

DOCUMENT # L05000042986

1. Limited Liability Company's Name

GATORFENCING LLC

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

4812 29TH AVE W

Suite, Apt. #, etc.

3. Mailing Office Address

POBOX2742

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

ONECO, FL

Zip

34209

Country

USA

Zip

34264

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

MAY 2ND 2005

6. FEI Number

202781369

☒ 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

GATORFENCING Michael B. Bond

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

434 SEEDS AVE 4812 29th Ave. W

Suite, Apt. #, Etc.

City

SARASOTA Bradenton

State

FL

Zip Code

34209

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

Michael Bond

Date

7-21-08

REGISTERED AGENT MUST SIGN

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
			07/24/08--01050--001 **138.75
			600133409916
<i>MEM</i>	<i>Michael B. Bond</i>	<i>"</i>	
			300134800803
			08/2/08--01032--005 **138.75

REINSTATEMENT

L. SEEDS

SEP 11 2008

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

Michael Bond

Date

8-19-08

Daytime Phone

941-448-9597

Typed or printed name of signing Managing Member/Manager

Michael Bond

8-19-08