


# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB -7 PM 12: 04

<b>DOCUMENT # L06000046574</b> 1. Entity Name <b>FENCE MASTERS PLUS, LLC</b>	
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Principal Place of Business <b>3830 NE 127TH COURT WILLISTON, FL 32696 US</b>	Mailing Address <b>P O BOX 305 WILLISTON, FL 32696 US</b>
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2. Principal Place of Business - No P.O. Box # <b>11391 NE Alt Hwy 27</b> Suite, Apt. #, etc. <b>Williston FL</b> City & State <b>32696</b> Zip	3. Mailing Address Suite, Apt. #, etc.  City & State  Zip	Country
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01232008	REIN-LLC	CR2E101 (1/07)
4. FEI Number <b>20-4818619</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  MONETTE, CHRISTINA A 3830 NE 127TH COURT WILLISTON, FL 32696	<b>7. Name and Address of New Registered Agent</b> Name <b>Monette, Christina A</b> Street Address (P.O. Box Number is Not Acceptable) <b>11391 NE Alt Hwy 27</b> City <b>Williston</b>
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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 *Christina Monette* DATE 1/23/2008

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$277.50</b>	in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MONETTE, ALAN D P O BOX 305 WILLISTON, FL 32696	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300117317563</b> 02/06/08--01042--013 **277.50
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
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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: *Alan D. Monette* DATE 1/23/2008 DAYTIME PHONE # (352) 438-4147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE