


2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 FEB -7 PM 12: 04

DOCUMENT # L06000046574 1. Entity Name FENCE MASTERS PLUS, LLC	
--	---

Principal Place of Business 3830 NE 127TH COURT WILLISTON, FL 32696 US	Mailing Address P O BOX 305 WILLISTON, FL 32696 US
--	--



2. Principal Place of Business - No P.O. Box # 11391 NE Alt Hwy 27 Suite, Apt. #, etc. Williston FL City & State 32696 Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country US
---	--	---------------

01232008 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4818619	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MONETTE, CHRISTINA A 3830 NE 127TH COURT WILLISTON, FL 32696	7. Name and Address of New Registered Agent Name Monette, Christina A Street Address (P.O. Box Number is Not Acceptable) 11391 NE Alt Hwy 27 City Williston FL Zip Code 32696
--	---

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)

FILE NOW!!! FEE IS \$277.50	in accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
------------------------------------	--	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM MONETTE, ALAN D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONETTE, ALAN D	NAME	
STREET ADDRESS	P O BOX 305	STREET ADDRESS	300117317563
CITY-ST-ZIP	WILLISTON, FL 32696	CITY-ST-ZIP	02/06/08--01042--013 **277.50
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 O. Monette DATE 1/23/2008 DAYTIME PHONE # (352) 438-4147

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