

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L06000046574

1. Entity Name  
FENCE MASTERS PLUS, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION

08 FEB -7 PM 12: 04

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 Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

01232008 REIN-LLC CR2E101 (1/07)

4. FEI Number  
20-4818619  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGRM  
MONETTE, ALAN D  
P O BOX 305  
WILLISTON, FL 32696 ☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

300117317563  
02/06/08--01042--013 **\*\*277.50** ☐ Change ☐ Addition

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

1/23/2008 738-4147  
Date Daytime Phone #