

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

09 JAN -8 PM 3:24


SECRETARY OF STATE
TALLAHASSEE FLORIDA

300139174033

12/31/08--01071--001 **177.50

CR2E041 (10/08)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000087646

1. Limited Liability Company's Name

Davis fence repair,,llc

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

2907 Hollywood Ave

Suite, Apt. #, etc.

3. Mailing Office Address

2907 Hollywood Ave

Suite, Apt. #, etc.

City & State

Pensacola Florida

City & State

Pensacola Florida

Zip

32505

Country

escambia

Zip

32505

Country

escambia

4. State/Country of Formation

FL

5. Date Organized or Qualified

To Do Business in Florida 9/06/2006

6. FEI Number

none

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

Ezell Davis

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

2907 Hollywood Ave

Suite, Apt. #, Etc.

City

Pensacola Florida

State

FL

Zip Code

32505

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 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

Ezell Davis

REGISTERED AGENT MUST SIGN

Date 12/16/2008

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
MGRM	Ezell Davis	2907 Hollywood Ave	Pensacola FL32505
MGR	Ezell Davis III	2907 Hollywood Ave	Pensacola FL 32505

300139174033
12/19/08--01045--008 **100.00

REINSTATEMENT 2007-08

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

Ezell Davis III

Date 12/16/2008

Daytime Phone # 8507129538

Typed or printed name of signing Managing Member/Manager Ezell Davis