

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L06000096421

1. Limited Liability Company's Name

GLOBAL FENCE, LLC

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

813 N 3RD AVENUE

Suite, Apt. #, etc.

3. Mailing Office Address

813 N 3RD AVENUE

Suite, Apt. #, etc.

City & State

DELTONA

City & State

DELTONA

Zip

32725

Country

US

Zip

32725

Country

US

4. State/Country of Formation

FLORIDA - US

5. Date Organized or Qualified
To Do Business in Florida

OCTUBER 03, 2006

6. FEI Number

20 - 5679248

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name **RAUL A VALENCIA**

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

813 N 3RD AVENUE

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32725

E-mail Address:

RUL.VALENCIA@GMAIL.COM

(To be used for future annual report notices)

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

REGISTERED AGENT MUST SIGN

Date **FEB 07/2012**

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	RAUL A VALENCIA	813 N 3RD AVE	DELTONA FL, 32725
MGRM	OLGA L GIRALDO	813 N 3RD AVE	DELTONA FL, 32725

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Date **FEB 07 2012**

Daytime Phone # **3865747704**

Typed or printed name of signing Managing Member/Manager **RAUL VALENCIA**