

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

FENCEBIZ, LLC

WID - JUNE 11

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

2000 BRUNSWICK LANE

Suite, Apt. #, etc.

3. Mailing Office Address

2000 BRUNSWICK LANE

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip

32724

Country

Volusia

City & State

DELAND FL

Zip

32724

Country

Volusia

8. Name and Address of Current Registered Agent

Name

CHRIS PAVLIK

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

2000 BRUNSWICK LANE

Suite, Apt. #, Etc.

City

DELAND

State

FL

Zip Code

32724

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

5/22/2007

6. FEI Number

NONE

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

☒ 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

Christopher A. Pavlik

Date

5/11/10

REGISTERED AGENT MUST SIGN

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	CHRIS PAVLIK	343 Oak Leaf Circle	LAKE MARY, FL 32746
	L. SELLERS		
	JUN 17 2010		
	EXAMINER		
		REINSTATEMENT	08-2010

11. E-mail Address: PAVLIK@IDEAL-AP.COM

12. 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

Christopher A. Pavlik

Date

5/11/10

Daytime Phone #

386-736-1700

Typed or printed name of signing Managing Member/Manager

CHRISTOPHER PAVLIK

FILED

10 JUN 16 PM 3:09

SECRETARY OF STATE
06/14/2010 TALLAHASSEE, FLORIDA 50

600180781416
05/12/10-01035-016 **263.75