


2014 LIMITED LIABILITY COMPANY REINSTATEMENT

APPROVED
AND
FILED

14 SEP 29 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


DOCUMENT # L12000112513	
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1. Entity Name SEMINOLE FENCE & DECK LLC	Principal Place of Business 5438 PEDRICK CROSSING TALLAHASSEE, FL	Mailing Address 5438 PEDRICK CROSSING TALLAHASSEE, FL
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2. Principal Place of Business - No P.O. Box # 2959 Appalachee Parkway Suite, Apt. #, etc. G1	3. Mailing Address 2959 Appalachee Parkway Suite, Apt. #, etc. G1
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City & State Tallahassee FL	City & State Tallahassee FL
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Zip 32301	Country Leon	Zip 32301	Country Leon
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09292014 REIN-LLC	CR2E101 (12/11)
4. FEI Number	Applied For Not Applicable

6. Name and Address of Current Registered Agent THOMAS, WILL 5438 PEDRICK CROSSING TALLAHASSEE, FL	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 William Gwyn Thomas DATE 9/29/14

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$238.75 After January 1, 2015, Fee will be \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM GWYN THOMAS 5438 PEDRICK CROSSING TALLAHASSEE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	William Gwyn Thomas 2959 Appalachee Parkway #G1 Tallahassee FL 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PROEHL, CHRISTOPHER 2521 CLARA KEE BLVD. TALLAHASSEE, FL 32308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000264765310 09/29/14--01001--008 **238.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: William Gwyn Thomas DATE 9/29/14 E-MAIL ADDRESS Seminolefenceanddeck@gmail.com

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