


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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CORPORATION				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # PD1000007859					
1. Corporation Name CustomLine Fence Company Inc					
2. Principal Office Address 518 5th Court Suite, Apt. #, etc.			3. Mailing Office Address Suite, Apt. #, etc.		
City & State Palm Beach Gardens FL			City & State		
Zip 33410	Country USA	Zip	Country		

FILED

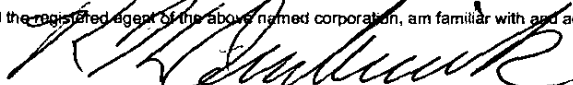
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

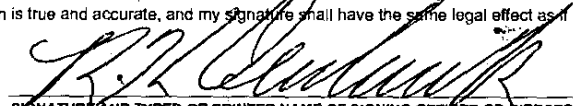
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07/14/03--01074--013 #300.00

4. Date Incorporated or Qualified To Do Business in Florida 1-19-2001	
5. FEI Number 65-1101924	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name Robert Oenbrink		
Street Address (P.O. Box Number is Not Acceptable) 518 5th Court		
Suite, Apt. #, Etc.		
City Palm Beach Gardens	State FL	Zip Code 33408

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 7/10/03
REGISTERED AGENT MUST SIGN	

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Robert Oenbrink	518 5th Court	Palm Beach Gardens, FL 33410

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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: 	Date 7/10/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone # (561) 691-3215	

CR20081 (10/02)

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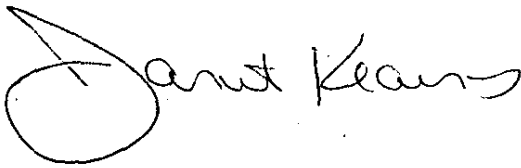
FLORIDA DEPARTMENT OF STATE

July 11, 2003

RE: CUSTOMLINE FENCE, INC.

ENCLOSED IS A CHECK FOR \$300.00 TO REINSTATE THE ABOVE CORPORATION. AFTER INITIALLY STARTING THIS CORPORATION THE OFFICER NEVER RECEIVED ANY NOTICE OF HIS ANNUAL REPORT AND NEVER REALIZED HE WAS INACTIVATED. THE OFFICE OF WORKMENS COMPENSATION HAS NOTIFIED HIM NOW HE NEEDS TO REACTIVATE HIS CORPORATION. PLEASE LET US KNOW AS SOON AS POSSIBLE UPON REACTIVATING THIS COMPANY. THANK YOU.

JANET KEARNS, EA

A handwritten signature in cursive script that reads "Janet Kearns". The signature is written in black ink and is positioned below the typed name "JANET KEARNS, EA".