## 2007 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P01000120424

Entity Name: GULFSTREAM FENCE CO.

8530 SILK OAK LANE

NAPLES, FL 34119

Address:

City-St-Zip:

FILED Apr 17, 2007 Secretary of State

y		THE WITTER OF OO.				
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
25270 BERNWOOD DR.				7259 ACORN WAY		
#3 BONITA SPRINGS, FL 34135			NAPLES, F	L 34119		
Current M	lailing Addre	ess:	New Mailir	New Mailing Address:		
25270 BERNWOOD DR.			7259 ACOF	7259 ACORN WAY		
#3 BONITA SPRINGS, FL 34135			NAPLES, F	NAPLES, FL 34119		
	: 01-0563748	FEI Number Applied For ( )	FEI Number Not Appli	cable ( ) Certifica	ate of Status Desired ( )	
Name and	l Address of	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
PEEL, MICHAEL 1580 IXORA DR. NAPLES, FL 34102 US			7259 ACOF	BENNETT, CRAIG 7259 ACORN WAY NAPLES, FL 34119 US		
	named entity e of Florida.	submits this statement for the	purpose of changing it	s registered office or r	egistered agent, or both,	
SIGNATUR	RE: CRAIG	BENNETT		04/17/2007		
		onic Signature of Registered A	gent		Date	
Election Car	mpaign Financi	ng Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	S ( PEEL, MICHA 1580 IXORA NAPLES, FL	OR.	Title: Name: Address: City-St-Zip:	()Change	( ) Addition	
Title: Name: Address: City-St-Zip:	T ( PEEL, STEPH 9099 THE LA NAPLES, FL	NE	Title: Name: Address: City-St-Zip:	( ) Change	( ) Addition	
Title: Name: Address: City-St-Zip:	P ( BENNETT, CI 14949 INDIG NAPLES, FL	D LAKES DR	Title: Name: Address: City-St-Zip:	P (X) Change BENNETT, CRAIG 7259 ACORN WAY NAPLES, FL 34119	( ) Addition	
Title: Name:	VP ( ARTHUR, ANI	) Delete DREW	Title: Name:	( ) Change	( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: CRAIG BENNETT PRES 04/17/2007