


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

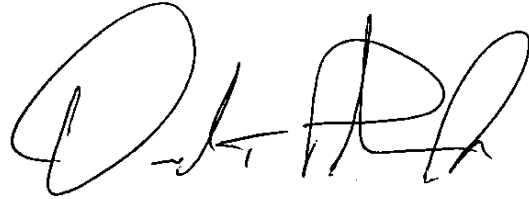
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 05 MAY 10 AM 10:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>P02000115287</u>					
1. Corporation Name <u>Out Back Fence & Deck Inc.</u>					
2. Principal Office Address <u>912 N.W. Brooks County Line Rd</u>			3. Mailing Office Address <u>912 N.W. Brooks County Line Rd</u>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State <u>Greenville FL</u>			City & State <u>Greenville FL</u>		
Zip <u>32331</u>	Country <u>America</u>	Zip	Country	4. Date Incorporated or Qualified To Do Business in Florida <u>10/24/2002</u>	
5. FEI Number				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> 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 <u>David T. Plummer Jr</u> 400054697354					
Street Address (P.O. Box Number is Not Acceptable) <u>912 N.W. Brooks County Line Rd</u>					
Suite, Apt. #, Etc.					
City <u>Greenville FL</u>				State <u>FL</u>	Zip Code <u>32331</u>
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 <u>[Signature]</u>				Date <u>5-10-05</u>	
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	
<u>P.</u>	<u>David T. Plummer Jr</u>	<u>912 N.W. Brooks County Line Rd</u>		<u>Greenville FL</u>	
<u>V.P.</u>	<u>Brandy Plummer</u>	<u>912 N.W. Brooks County Line Rd</u>		<u>Greenville FL</u>	
<u>V.P.</u>	<u>David T. Plummer Sr.</u>	<u>363 N. Poscoe Blvd</u>		<u>Ponte Vedra Beach FL 32082</u>	
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)(f), 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: <u>[Signature]</u>				5-10-05 850-222-39137	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	Daytime Phone #

5-10-05

To Whom it may concern,

I, David T. Plummer Jr. Did not receive the annual forms by mail or any other notice in the year 2003.

OutBack Fence & Deck
PO20000115287

A handwritten signature in black ink, appearing to read "D. T. Plummer Jr.", written in a cursive style.