PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT DOCUMENT # POOC 1. Corporation Name	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	O9 FEB 10 AM 9: 49 SECRETARY OF STATE TALLAHASSEE, FLORIDA
S+S Fence IV	stauation,	hC.
2. Principal Office Address No P.O. Bot# Suite, Apt. #, etc.	3. Mailing Office Address Suite, Apt. #, etc.	CR2E081 (12/08) 4. Date Incorporated or Qualified To Do Business in Florida
City & State Zin Zin Zin Zin Zin Zin Zin Zi	Zip Country A	5. FEI Number 3085 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status
7. Name and Address of Current Registered Agent The 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 reinstatement fee be waived.		
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 Registered Registered Agent Registered R		
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Officer and/or Directors Officer and/or Director		
##750.00 REINSTATEMENT		
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 filling 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 contained in Chapter 119, 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: AMES M. Stutton M. 2/0/2009 780 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #		