2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE: _

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DOCUMENT # P06000030758					FILE	Jr.	
1. Entity Nam COUNTR	Y SUNSHINE FENCE COM		2.3/	AUG -8 AM			
Principal Plac	e of Rusiness	Mailing Address		SEC	RETARY OF ST WHASSEE, FLO	ΓΑΤΕ	
Principal Place of Business Mailing Address 5877 SUNSHINE LANE 5877 SUNSHINE LANE				INCLA	MASSEE, FLI	DRIDA	
GLEN ST. MARY, FL 32040 GLEN ST. MARY, FL 3204			2040				
					BEC18 BHRI 8861 66161 8611	. 	
Principal Place of Business - No P.O. Box # 3. Mailing Address							
		SANT Suite, Apt. #, etc.				, , , , , , , , ,	
Stitle, Apt.	#, etc.	Saile, Apt. #, etc.		04232008	REIN-P	CR2E098 (1/07)	
Tax tale				4. FEI Numb	er	N	pphed For ot Applicabl
Zip Country Zip Zip USA		Country	5. Certificate	of Status Desired	□ \$8.75 Ad Fee Require	ditional ed	
000	6. Name and Address of Current F	Registered Agent	<u> </u>	7. Name and	Address of New R	· · · · · · · · · · · · · · · · · · ·	
BENNETT	CLICANI		<u>Name</u>	loman.	Bennett	Susan +	Marti
5877 SUN	SHINE LANE		Street A	ddress (P.O. Box Numb	er it Not Acceptable)	11-11-1-1-1 (
GLEN ST.	MARY, FL 32040	TV bo	 	17		-	
			City	cksonu	lle	Zio Cod	ie .
						- 32.	2/U
	named entity submits this statement for ions objegistered agent.	the purpose of changing its	registered office or	registered agent, or bo	th, in the State of Flo	nda. Tam familiar with	and accep
SIGNATURE SUSAN ROMAN 7-30-08							
3IGNATORE,	Signature, typed or printed name of registered agent a	nd title it applicable (NOT	E: Registered Agent signa	ture required when reinstating		DATE	
FII	LE NOW!!! FEE IS \$300.00				In accordance w corporation did	vith s. 607.193(2)(b), not receive the prior	F.S., the notice.
10.	OFFICERS AND (DIRECTORS	11.	ADDITIONS	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
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NAME STREET ADORESS	BENNETT, SUSAN 5877 SUNSHINE LANE		NAME STREET ADDRESS	3 00	130723 }0100802	3653	
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NAME	ROMAN, MARTIN 5877 SUNSHINE LANE		NAME STATEST ASSOCIATES				
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melicated	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address, w	true and accurate and that r	ny simpatura shall bi	ave the came lenal affer	t as if made under c	sith that I am an office	or director
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