## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P94000076493  I. Calify Above ARTISTIC FENCE, CORPORATION  2805 DCT 14 AH ID: D2  SECRETARY OF STATE TALLAHASSEE, FLORIDA  1070 SE 9 1R  INJURE ARI 1, 33010  2. Principal Place of Business  Malicry Address  1070 SE 9 1R  INJURE ARI 1, 33010  3. Mainry Address  Solts ARI 1, 612  Principal Place of Business  3. Mainry Address  Solts ARI 1, 612  Solts ARI 1, 612  Solts ARI 1, 612  Curry 1, 5 State  Curry 2, 5 State  Country 2, 5 State  Country 3, 5 State  Country 5, 5 State  Country 6, 5 State  Country 7, Name and Address of New Registrated Agent  INJURES ENSTO  210 Country 8, 5 State  Country 9, 5 State  Country 8, 5 State  Count	REINSTATEMENT										
1070 SE 9 IR HALEAH, FL 33010  2. Principal Place of Business  Sulle, Apr. etc.  Sulle, Apr. etc.  Sulle, Apr. etc.  Sulle, Apr. etc.  City & Sulle  Country	1. Entity Name						2005 OCT 14	AM IO	): 02		
HALEAH, FL 33010  HALEAH, FL 33010  Principal Place of Business  Suite, Apr. et alc.  Suite,	Principal Place of Business Mailing Address				<u> </u>	TALLAHASSEE, FLORIDA					
Suite, Apr. #, etc.    City & Statio						 	S (B)() SIGH SOIN SGOT SSIN S			NIGTI IR IRDE	
City & State    City & State   City & State   City & State   A. FERNATY CRECEDER (CVA)   Rot Application   Rot Applicati	2. Principal F	Place of Business	3. Mailing Address								
Second Process   Seco	Suite, Apt. #, etc.		Suite, Apt. #, etc.		- <b>'</b>	10122005	REIN-P	CR2E0	98 (6/04)		
S. Certificate of Satus Desired   Satus Desired   Face Required   Face Require	City & State		City & State								
ALVAREZ, ERNESTO  8. This above named entity submits this passement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, and the state of Florida. I am familiar with, and accept the obligators of registed agent and the state of Florida. I am familiar with, and accept the obligators of registed agent and the state of Florida. I am familiar with, and accept the obligators of registed agent and the state of Florida. I am familiar with, and accept the obligators of registed agent and the state of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the obligators of registed agent, or both, in the State of Florida. I am familiar with, and accept the state of the report of registed agent agent, or both, in the State of Florida. I am familiar with, and accept the part of state agent agent, or both, in the State agent age	Zip	Country	Zip	Cour	itry	5. Certificate	of Status Desired				
ALVAREZ, ERNESTO 4219 E. 11 AVE HIALEAH, FL 33010    City   FL   Zip Code		6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent						
City FL Zip Code  8. The above named entity submits this just ment for the purpose of changing its registered office or registered agent, or both, in the State of Floride. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW/III FEE IS \$150.00  After January 1, 2006, Fee will be \$300.00  10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.  MUKE ALVAREZ, ERNESTO   Delete   THE MAKE   DIRECTORS IN 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	ALVAREZ, ERNESTO										
B. The above named entity submits this proliment for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent.    Common					Street Address (P.O. Box Number is Not Acceptable)						
B. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the collegations of registered agent signature, provide or or registered agent signature required view remarkables.    FILE NOW!! FEE IS \$150.00					City Zip Code						
SIGNATURE    Supraiser, Sprind or private of the design and short application.   (NOTE: Registered Agent dignature required when reinstating)   DATE			L ed office or register	ed agent, or bo	th, in the State of Florid		miliar with,	and accept			
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SIGNATURE: X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DOLL VAREZ 10/12/05 (305) 805-1976	-1976										