

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

FILED

07 MAY 18 PM 2:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000031060**

1. Limited Liability Company's Name

Joy II INSTALLATION LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
15735 SW 23RD AVENUE RD

Suite, Apt. #, etc.

3. Mailing Office Address
15735 SW 23RD AVENUE RD

Suite, Apt. #, etc.

City & State
OCALA FL

City & State
OCALA FL

Zip
34473

Country
USA

Zip
34473

Country
USA

State/Country of Formation
FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida **APRIL 23RD 2004**

6. FEI Number
20-1039180

Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JULIUS HENRY

Street Address (P.O. Box Number is Not Acceptable)
15735 SW 23RD AVENUE RD

Suite, Apt. #, Etc.

City
OCALA

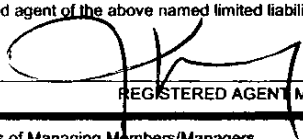
State
FL

Zip Code
34473

☒ A \$100 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 \$100
reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent



REGISTERED AGENT MUST SIGN

Date **5/7/07**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
PRES	JULIUS HENRY	15735 SW 23RD AVENUE RD	OCALA FL 34473

600103197586

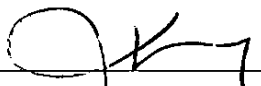
05/24/07--01024--018 **255.00

REINSTATEMENT

0507

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager



Date **5/7/07**

Daytime Phone # **352-209-3206**

Typed or printed name of signing Managing Member/Manager **JULIUS HENRY**