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

CR2E041 (1/07)

DOCUMENT # L04000031060

1. Limited Liability Company's Name

Joy II INSTALLATION LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
15735 SW 23RD AVENUE RD	15735 SW 23RD AVENUE RD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: OCALA FL	City & State: OCALA FL
Zip: 34473 Country: USA	Zip: 34473 Country: USA

4. 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 _____ Date 5/7/07

REGISTERED AGENT MUST SIGN

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

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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