

2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2006 OCT -4 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09292006 REIN-P CR2E098 (11/05)

DOCUMENT # P04000046130 1. Entity Name CHASE INSTALLATION GROUP, INC.					
Principal Place of Business 22506 BLUE MARLIN DR BOYNTON BEACH, FL 33425			Mailing Address 22506 BLUE MARLIN DR BOYNTON BEACH, FL 33425		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 54-2148582	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOHN PORTER ACCOUNTING 400 S FEDERAL HWY STE 404 BOYNTON BEACH, FL 33435				Name Daniel Sedlacek	
				Street Address (P.O. Box Number is Not Acceptable) 33506 Blue Marlin Dr.	
				City Boca Raton	
				State FL	
				Zip Code 33428	
8. 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 obligations of, registered agent.					
SIGNATURE		Daniel Sedlacek		DATE 9/30/06	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small>		<small>DATE</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SEDLACEK, DANIEL 22506 BLUE MARLIN DR BOCA RATON, FL 33428	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080452816 10/04/06--01023--015 **193.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEDLACEK, HENDRYK 22506 BLUE MARLIN DR BOCA RATON, FL 33428	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE		Daniel Sedlacek		DATE 9/30/06	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

10/6/06

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Henry Sedlacek, hereby resign as Vice President
(Hendryk Sedlacek-misspelled on state web page). (Title)

of Chase Installation Group, Inc.
(Name of Corporation)

P04000046130, a corporation organized under the laws of the State of
(Document Number, if known)

Florida

x. Henry Sedlacek
(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314