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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L01000009112

Name and Mailing Address

0012624 01 AT 0.292 **AUTO T6 0 0615 33462-602832

HOOKED UP APPLIANCE INSTALLATION, L.L.C.
145 YACT CLUB WAY STE 107
LAKE WORTH FL 33462-6028

2. New Mailing Address
2587 S.W. Reilley Ave.
City, State, Zip
Palm City, FL 34990

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
06/04/2001

Principal Place of Business
145 YACT CLUB WAY STE 107
LAKE WORTH FL 33-4621

3. New Principal Place of Business Address
2587 S.W. Reilley Ave
City, State, Zip
Palm City, FL 34990

6. FEI Number
65-1123398

☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐
$5.00 Additional Fee required for a Certificate of Status

CR2E034 (7/03)

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
SAMILJAN, STEVEN T 2135 SOUTH CONGRESS AVENUE, SUITE 3-C WEST PALM BEACH FL 33406	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

10. 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 SIGNATURE REQUIRED Date 10-30-03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	JEREMY, SAYRE	~~313 LAKE CIRCLE STE 3T~~ 2587 S.W. Reilley Ave	~~NORTH PALM BEACH FL 33408~~ Palm City, FL 34990

100024566541
11/10/03--01074--009 **150.00

REINSTATEMENT -03

12. 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/Manage SIGNATURE REQUIRED Date 10- Daytime Phone #

Typed or printed name of signing Managing Member/Manager

McCabe & Samiljan, LLC
Attorneys At Law

Timothy P. McCabe
Steven T. Samiljan

2135 S. Congress Avenue, #3C, West Palm Beach, Florida 33406, Phone: 561-969-3344 Fax 969-9698

VIA U.S. MAIL

November 5, 2003

Division of Corporations
Registration Section
Post Office Box 6327
Tallahassee, Florida 32314

RE: APPLICATION FOR REINSTATEMENT
DOCUMENT NO.: L01000009112
HOOKED UP APPLIANCE INSTALLATION, INC.

Dear sir or madam:

Enclosed please find a reinstatement application in the above referenced matter along with your fee of $150.00 payable to the Department of State. Please process at your earliest opportunity.

If you have any questions, please do not hesitate to call.

Sincerely,

Steven T. Samiljan

STS/js
encl