

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1022

FILED

04 FEB 26 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000000648

1. Limited Liability Company's Name

Insulation Plus L.L.C.

2. Principal Office Address

4445 Eastbay Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Largo, Florida

Zip

33773

Country

USA

3. Mailing Office Address

4445 Eastbay Dr.

Suite, Apt. #, etc.

Suite 300

City & State

Largo, Florida

Zip

33773

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/09/2002

6. FEI Number 04-3593646

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

Kenneth G. Arsenault

Street Address (P.O. Box Number is Not Acceptable)

10225 Ulmerton Road

Suite, Apt. #, Etc.

Suite 2

City

Largo

State

FL

Zip Code

33771

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

2-17-04

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
MGR	Robert E. Lyons	4445 Eastbay Dr	Largo, Florida 33770
MGR	Kim A. Charbonneau	4445 Eastbay Dr	Largo, Florida 33770

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 02/16/2004

Daytime Phone # 727-647-3569

Typed or printed name of signing Managing Member/Manager

Kim A. Charbonneau

CR2E041 (10/02)

2 of 2

Insulation Plus L.L.C.
4445 Eastbay Drive Suite 300
Largo, Florida 33760
Tuesday, February 17, 2004

FILED

04 FEB 26 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Division Of Corporations
Registration Section
P.O. Box 6327
Tallahassee, Florida 32314

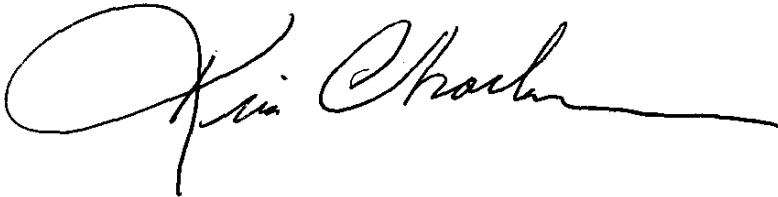
Division of Corporation

We recently found out that our company Insulation Plus L.L.C was dissolved by the division of corporations. The reason for this was that when we filed our annual Report we forgot to include our FEI Number and we were missing a signature. We never recieved the returned report since we moved to a new location and a lot of our mail was lost or not forwarded. It is our intension in the future to file the annual report online threw the sunbiz website. Your record will show that our check of \$50.00 was Cashed for the original report. we just never recieved the report back

Enclose is our check for the reistament fee and the certifacate of staus fee

Thank You

Mr. Kim Charbonneau Managing Partner Insulation Plus L.L.C.

A handwritten signature in black ink, appearing to read "Kim Charbonneau", with a long horizontal flourish extending to the right.