

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 4:04

1. DOCUMENT # L02000024893

Name and Mailing Address

0003317 01 AT 0.292 **AUTO T4 0 0615 32796-512001



M & R INSULATION SERVICES, L.L.C.
900 BUFFALO ROAD BLDG. #1
TITUSVILLE FL 32796-5120

900024529299
11/10/03--01006--025 **150.00



2. New Mailing Address

P.O. Box 5422

City, State, Zip

TITUSVILLE, FL 32783-5422

Principal Place of Business

900 BUFFALO ROAD BLDG. #1
TITUSVILLE FL 32796

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/23/2002

6. FEI Number

16-1627884

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

WATERS, RONALD J
900 BUFFALO ROAD BLDG. #1
TITUSVILLE FL 32796

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 10/30/03

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	WATERS, RONALD J	900 BUFFALO ROAD BLDG. #1	TITUSVILLE FL 32796

REINSTATEMENT

03
Dec

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/Manager

SIGNATURE REQUIRED

Date

10/30/03

Daytime Phone #

321-267-4777

Typed or printed name of signing Managing Member/Manager

RONALD J. WATERS

CR2E034 (7/03)