

READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

2003 DEC -4 PM 2:05

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031817

Name and Mailing Address

0011827 01 AT 0.292 **AUTO T4 0 0615 33410-654325



INSTALLATION TECHNICIANS, LLC
C/O DYCOM INDUSTRIES, INC.
4440 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410-6543

800025200238
12/04/03--01003--030 **150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 11/26/2002

Principal Place of Business
C/O DYCOM INDUSTRIES, INC.
4440 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
22-2882752

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

9. Name and Address of New Registered Agent

DUNN, RICHARD L
C/O DYCOM INDUSTRIES, INC.
4440 PGA BLVD., STE. 500
PALM BEACH GARDENS FL 33410

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

S. [Signature]
REGISTERED AGENT MUST SIGN

Date 12/01/03

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	DUNN, RICHARD L	4440 PGA BOULEVARD, SUITE 500	PALM BEACH GARDENS FL 33410
MGR	NIELSEN, STEVE	4440 PGA BOULEVARD, SUITE 500	PALM BEACH GARDENS FL 33410
MGR	HARTMAN, GERALD W	4440 PGA BOULEVARD, SUITE 500	PALM BEACH GARDENS FL 33410

REINSTATEMENT 2003

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

S. [Signature]
SIGNATURE REQUIRED

Date 12/01/03

Daytime Phone # (561) 627-7171

Typed or printed name of signing Managing Member/Manager