

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2005 DEC 19 PM 3:55

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

700062262067  
12/19/05--01024--011 \*\*225.00

CR2E041 (8/05)

DOCUMENT # L03000011129

1. Limited Liability Company's Name

R & D Install, L.L.C.

2. Principal Office Address

4966 Quality Trail

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32829

Country

USA

3. Mailing Office Address

4966 Quality Trail

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

32829

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

3/28/03

6. FEL Number

54-2103893

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

Melanie Krbec-Hayes

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

4966 Quality Trail

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32829

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

*Melanie Krbec-Hayes*  
REGISTERED AGENT MUST SIGN

Date 12/13/05

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
Pres	Melanie Krbec-Hayes	4966 Quality Trail	Orlando, FL 32829
VP	Raymond Light	5950 Westgate Drive, #122	Orlando, FL 32835

REINSTATEMENT 2004-05

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

*Melanie Krbec-Hayes*

Date 12/13/05

Daytime Phone # 407-468-9872

Typed or printed name of signing Managing Member/Manager

Melanie Krbec-Hayes