

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
 09 NOV - 9 PM 1: 01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E041 (10/09)

DOCUMENT # L03000054078

1. Limited Liability Company's Name

Speedy Sprinkler Services of Brevard, LLC

2. Principal Office Address - No P.O. Box #

6005 N. Wickham Rd.

Suite, Apt. #, etc.

3. Mailing Office Address

6005 N. Wickham Rd.

Suite, Apt. #, etc.

4. State/Country of Formation Florida/USA

5. Date Organized or Qualified To Do Business in Florida June 2003

City & State

Melbourne, FL.

City & State

Melbourne, FL.

6. FEI Number

202129587

Applied For

Not Applicable

\$5.00 Additional Fee required for a Certificate of Status

Zip

Brevard

Country

Zip

Brevard

7. CERTIFICATE OF STATUS DESIRED

8. Name and Address of Current Registered Agent

Name

Randy J. Blakeslee

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

120 Flamingo Dr.

Suite, Apt. #, Etc.

City

Satellite Beach

State

FL

Zip Code

32937

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement fee be waived.

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 11-5-2009

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	Randy J. Blakeslee	120 Flamingo Dr.	Satellite Beach, FL. 32937

10/30/09-01043-001-#138.75
 11/09/09--01008--011 **138.75
 000162633110
 11/09/09--01008--011 **138.75

11. E-mail Address:

(To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or the trustee empowered to execute this application as provided 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 11-5-2009 Daytime Phone # 321-243-8995

Typed or Printed name of signing Managing Member/Manager Randy J. Blakeslee