PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

	ITED LIABILITY COMPANY EINSTATEMENT	Sec	PARTMENT OF STATE retary of State F CORPORATIONS		9 NOV -9 SEURETARY TALLAHASSE		
DOCUMENT # L03000054078							
1. Limited Liability Company's Name					-9 -9 SS		
Speedy Sprinkler Services of Brevard, LLC					OV -9 PH -: CR2E041 (10/08)		
2. Principal Office Address - No P.O. Box # 3. Mailing			ddress	4.0			
			05 N. Wickham Rd.		4. State/Country of Formation Florida/LP.S. 5. Date Organized or Qualified To Do Business in Florida june 2003		
City & State City & Melbourne, FL. Melbo			<u> </u>	6. FEI Number 2021295	Not Applicable		
Zip 3294	0 Brevard	Zip 32940	Country Brevard	7. CERTIFICAT	SS.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent							
Ī	Name Randy J. Blakeslee Street Address (P.O. Box Number is Not Acceptable)				A \$100 reinstatement fee is imposed, except in		
120 Flamingo Dr.					circumstances which the entity did not receive the prior notices. By checking this box, you are		
Sun	Suite, Apt. #, Ezc.				certifying the prior notices were not recieved and requesting the \$100 reinstatement fee be waived.		
Satellite Beach State State State State Zip Code FL 32937				104			
9. I, being appointed the registered agent of the above named limited liability obmpany, am familiar with and accept the observed Agent REGISTERED AGENT MUST SIGN				cept the obligations of C	44 5 2000		
Titles	Names and Street Addresses of Managing Members/Managers Name of Fitles Managing Members/Managers		Street Address of Each Managing Member/Manager		City/State/Zip		
Mgr			120 Flamingo Dr.		Satellite Beach, FL. 32937		
				-			
	<u> </u>				(100-0-		
		10/30			043-001-\$138.75		
					09/0901008011 **138.75		
11/09/09011002011					000162633110 /09/0901008011 **130 75		
11. E-mail Address: (To be used for future sumual 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 cerify 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							
Typed of Frinted name of signing Managing Member/Manager TACHTAY O. DICHTAGICO							