

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 DEC 18 PM 2:12

DOCUMENT # 203900056030

1. Limited Liability Company's Name

DAVID Smith Installations LLC

CR2E041 (1/07)

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

6430 LAKE LOWERY RD

Suite, Apt. #, etc.

3. Mailing Office Address

6430 LAKE LOWERY RD

Suite, Apt. #, etc.

City & State

HAINES CITY FL

City & State

HAINES CITY, FL

Zip

33844

Country

U.S.

Zip

33844

Country

U.S.

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

01/12/2004

6. FEI Number

92-0198528

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

DAVID SMITH

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

6430 LAKE LOWERY ROAD

Suite, Apt. #, Etc.

City

HAINES CITY

State

FL

Zip Code

33844

☐ 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 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

[Signature]

Date

REGISTERED AGENT MUST SIGN

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
MGRM	CHARLOTTE R SMITH	6430 LAKE LOWERY RD	HAINES CITY FL 33844

800113183938
12/17/07-01010-025 **205.00

REINSTATEMENT 2006-07

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

Charlotte R Smith

Date 12-15-07

Daytime Phone # 863-956-4724

Typed or printed name of signing Managing Member/Manager

CHARLOTTE R SMITH