


2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000001146	
1. Entity Name MICHAEL DATSKO INSTALLATIONS LLC	

Principal Place of Business 15536 WAVERLY STREET CLEARWATER, FL 33760	Mailing Address 15536 WAVERLY STREET CLEARWATER, FL 33760
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2. Principal Place of Business 18106 Swan Lake Dr.	3. Mailing Address 18106 Swan Lake Dr.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Lutz FL.	City & State Lutz FL.
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Zip 33549-5884	Country USA	Zip 33549-5884	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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DATSKO, MICHAEL 15536 WAVERLY STREET CLEARWATER, FL 33760	Name Michael Datsko
	Street Address (P.O. Box Number is Not Acceptable) 18106 Swan Lake Dr.
	City Lutz
	State FL

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE Michael Datsko
Signature, typed or printed name of registered agent and true applicable. (NOTE: Registered Agent signature required when reinstating)
DATE

FILE NOW!!! FEE IS \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DATSKO, MICHAEL		NAME Datsko Michael	
STREET ADDRESS 15536 WAVERLY STREET		STREET ADDRESS 18106 Swan Lake Dr.	
CITY-ST-ZIP CLEARWATER, FL 33760		CITY-ST-ZIP Lutz FL 33549-5884	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Michael Datsko	Date 4-28-05	Daytime Phone # 727 481 0556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #

FILED
2005 MAY 11 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005 REIN-LLC CR2E101 (6/04)

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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STREET ADDRESS 15536 WAVERLY STREET	
CITY-ST-ZIP CLEARWATER, FL 33760	

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