PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

9-16-05
200.00

| LIMITED LIABILITY. COMPANY REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 OCT 31 PH 4:44 |

DOCUMENT # LO4000002274

1. Limited Liability Company's Name

G & P Miller Installations "LLC"

CR2E041 (8/05)

2. Principal Office Address
141 Penelope Dr.
Suite, Apt. #, etc.

3. Mailing Office Address
141 Penelope Dr.
Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida

City & State
Longwood, Fl.

City & State
Longwood, Fl.

6. FEI Number

| Applied For |
| Not Applicable |

Zip 32750 | Country USA
Zip 32750 | Country USA

7. CERTIFICATE OF STATUS DESIRED ☐ | $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name Gary A Miller

Street Address (P.O. Box Number is Not Acceptable)
141 Penelope Dr.
Suite, Apt. #, Etc.

000081390730
10/31/06--01057--011 **50 00

City Longwood
State FL | Zip Code 32750

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 X _____
REGISTERED AGENT MUST SIGN
Date 9-29-06

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	Paula Miller	141 Penelope Dr.	Longwood, Fl. 32750
		S 000803856595 10/03/06--01020--010 **150.00	

REINSTATEMENT 2005-06

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 X _____ Date 9-29-06 Daytime Phone # 321-439-7417

Typed or printed name of signing Managing Member/Manager Gary Miller