

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L04000005087</u>			
1. Limited Liability Company's Name <u>P.C. Installer (LLC)</u>			
2. Principal Office Address <u>2500 Taylor Rd.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>2500 TAYLOR Rd.</u> Suite, Apt. #, etc.	
City & State <u>crestview Florida</u>		City & State <u>crestview Florida</u>	
Zip <u>32536</u>	Country	Zip <u>32536</u>	Country

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4. State/Country of Formation	
5. Date Organized or Qualified To Do Business in Florida <u>1-14-2004</u>	
6. FEI Number <u>73-1692821</u>	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 <u>Clyde R. Hopper</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>2500 TAYLOR Rd.</u>	
Suite, Apt. #, Etc.	
City <u>crestview</u>	State <u>FL</u>
Zip Code <u>32536</u>	

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 Clyde R. Hopper **REGISTERED AGENT MUST SIGN** **Date** 2-14-06

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
<u>MGR</u>	<u>Clyde R. Hopper</u>	<u>2500 TAYLOR Rd</u>	<u>crestview FL 32536</u>

REINSTATEMENT 05-06

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 Clyde R. Hopper **Date** 2-14-06 **Daytime Phone #** 850-689-0120

Typed or printed name of signing Managing Member/Manager Clyde R. Hopper