

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 30 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000010145

1. Limited Liability Company's Name

T & B Installations, LLC

700183831447
07/30/10--01048--009 **238.75
CR2E041 (05/10)

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

2000 Westwood Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2000 Westwood Dr.

Suite, Apt. #, etc.

City & State

Longwood FL

Zip

32719

Country

USA

City & State

Longwood FL

Zip

32719

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

2004

6. FEI Number

571199302

☐ 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

Tony M. Novello

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

2000 Westwood Dr.

Suite, Apt. #, Etc.

City

Longwood

State

FL

Zip Code

32719

700183831447
08/31/10--01006--008 **138.75
700183831447
07/30/10--01048--010 **5.00

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

Tony M. Novello
REGISTERED AGENT MUST SIGN

Date

7/26/2010

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	Kelly M. Novello	2000 Westwood Dr.	Longwood, FL 32719
REINSTATEMENT 09, 10			

11. E-mail Address Joy4me-u@msn.com

(To be used for future annual report notifications)

12. 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

Kelly M. Novello

Date

7/26/10

Daytime Phone #

3212633363

Typed or printed name of signing Managing Member/Manager