

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2013 MAR 13 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000010145**

1. Limited Liability Company's Name

T & B INSTALLATIONS LLC

CR2E041 (1/11)

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

2000 Westwood Dr

Suite, Apt. #, etc.

3. Mailing Office Address

2000 Westwood Dr

Suite, Apt. #, etc.

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

2004

City & State

Longwood FL

City & State

Longwood FL

6. FEI Number

32779 USA

7. CERTIFICATE OF STATUS DESIRED

32779 USA

Applied For
Not Applicable

\$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 **32779**

E-mail Address:

300245256823
03/13/13--01016--006 **267.50

joy44-me@msn.com
(To be used for future annual report notices)

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

Date **2-26-13**

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
Mgr	Kelly M. Novello	2000 Westwood Dr	Longwood FL 32779
			300245256823 03/01/13--01020--014 **273.75
		2011-13	

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Kelly M. Novello

Date **2-26-13**

Daytime Phone # **321-263-3363**

Typed or printed name of signing Managing Member/Manager

MAR 13 2013