
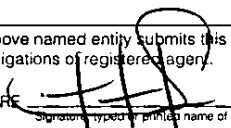
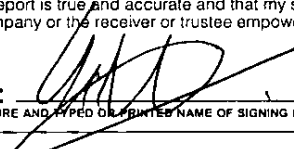


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

**FILED**  
07 APR 26 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
BK

DOCUMENT # L04000055785					
1. Entity Name CONTROL AND AUTOMATION CONTRACTORS, LLC.					
Principal Place of Business 2350 W 84TH STREET 18 HIALEAH, FL 33016			Mailing Address 2350 W 84TH STREET 18 HIALEAH, FL 33016		
2. Principal Place of Business - No P.O. Box # 2260 W 77th Street Suite, Apt. #, etc.		3. Mailing Address 2260 W 77th Street Suite, Apt. #, etc.			
City & State Hialeah, FL		City & State Hialeah, FL		4. FEI Number 20-1422604	
Zip 33016	Country USA	Zip 33016	Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TAX DEFENSE CENTER, INC. 2350 W 84TH STREET 18 HIALEAH, FL 33016			7. Name and Address of New Registered Agent Name Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave. Suite 125 City Coral Gables, FL Zip Code 33146		
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. Atrium Registered Agents, Inc. By: Jose Nunez, VP SIGNATURE  DATE _____ (NOTE: Registered Agent signature required when reinstating)					
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	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARSEVEN, AYSE A 2350 W 84TH STREET #18 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gonzalez, Wilky J. 2260 W 77th St. Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Gonzalez, Derya S. 2260 W 77th St. Hialeah, FL 33016	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400101875534 05/09/07--01008--026 **105.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			04/25/2007 (305) 826-8262 (13)		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone		

**REINSTATEMENT**

**2006-2007**