

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 FEB 28 AM 10:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L04000079013**

1. Limited Liability Company's Name

**MR. INSTALLER, LLC**

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #  
**2502 NW EMBERS TER**

3. Mailing Office Address

**1439 NE 2ND TER**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**CAPE CORAL**

City & State

**CAPE CORAL, FL**

Zip  
**FL**

Country  
**USA**

Zip  
**33909**

Country  
**USA**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**10/24/2005**

6. FEI Number

**16-1651320**

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

**EFRAIN MORA**

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

**2502 EMBERS TER**

Suite, Apt. #, Etc.

City

**CAPE CORAL**

State

**FL**

Zip Code

**33993**

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

*Efrain Mora*

REGISTERED AGENT MUST SIGN

Date **02/16/07**

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
MGRM	EFRAIN MORA	2502 EMBER TER	CAPE CORAL, FL 33993
MGRM	HENERT REYES	1439 NE 2ND TER	CAPE CORAL, FL 33909
MGR	IGNACIO R ISIDRON	2223 SE 3ER TER	CAPE CORAL, FL 33990

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

*Efrain Mora*

Date **02/16/07**

Daytime Phone # **813 401-4941**

Typed or printed name of signing Managing Member/Manager