PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 DEC 14 AM 8:47

DOCUMENT # L05000012681

1. Limited Liability Company's Name

INSTALLERS LLC

600186472676
10/08/10--01024--016 **407.50

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
227 BRADLEY DR	PO BOX 5062
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT WALTON BEACH	City & State: DESTIN FL 32540
Zip: 32547 Country: USA	Zip: 32540 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 2/4/ 2005

6. FEI Number: 20-2289912 ☐ 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: WILLIAM TODD NEATHAWK

Street Address (P.O. Box Number is Not Acceptable): 227 BRADLEY DR

Suite, Apt. #, Etc.:

City: FT WALTON BEACH State: FL Zip Code: 32547

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: William Todd Neathawk Date: OCT 5,2010

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
MGMR	William Todd Neathawk	227 BRADLEY DR	FT WALTON BEACH FL 32547
MGMR	Denise Marie Ball	227 BRADLEY DR	FT WALTON BEACH FL 32547
	REINSTATEMENT 2009-2010		

11. E-mail Address: MARKEYDETODD@YAHOO.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: William Todd Neathawk Date: 10/5/2010 Daytime Phone #: 850.368.3138

Typed or printed name of signing Managing Member/Manager: William Todd Neathawk

T Hampton DEC 15 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
10 DEC 14 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 11, 2010

INSTALLERS LLC
P O BOX 5062
DESTIN, FL 32540

SUBJECT: INSTALLERS LLC
Ref. Number: L05000012681

We have received your document for INSTALLERS LLC and your check(s) totaling $407.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Holding your name change amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 810A00024016