


# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000030086	
1. Entity Name MICHAEL MASTERSON INSTALATION LLC	

**FILED**

07 FEB -2 PM 1:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business 16050 ASHLEY SHIVER RD ALTA, FL 32421	Mailing Address PO BOX 687 ALTA, FL 32421
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2. Principal Place of Business - No P.O. Box # 24300 69A ALTHA FL	3. Mailing Address PO box 400
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02022007 REIN-LLC CR2E101 (1/07)

City & State ALTA, FL	City & State
Zip 32426	Country

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MASTERSON, MICHAEL 16050 ASHLEY SHIVER RD ALTA, FL 32421	7. Name and Address of New Registered Agent Name Michael Masterson Street Address (P.O. Box Number is Not Acceptable) 24300 69A ALTHA FL City ALTA FL Zip Code 32426
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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.

SIGNATURE Michael Masterson  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$100.00</b>	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MASTERSON, MICHAEL PO BOX 687 ALTA, FL 32421 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PO box 400
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 500087499265 02/06/07--01045--006 **105.00
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
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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: Michael Masterson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #