

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 OCT 31 P 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # **L050000 65536**

1. Limited Liability Company's Name

**American Installers LLC**

2. Principal Office Address  
**5263 Gulf Breeze Pkwy.**

3. Mailing Office Address  
**PO Box 1016**

#11

4. **USA Florida**

5. Date Organized or Qualified  
To Do Business in Florida

**6-30-05**

City & State  
**Gulf Breeze Florida**

City & State  
**Gulf Breeze Florida**

6. **84-1683239**

Applied For

Not Applicable

32563

USA

32561

USA

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

**SHANNON CHARPING**

**5263 Gulf Breeze Pkwy #11**

**Gulf Breeze Florida 32563**

**(850)-686-0096**

State  
**FL**

☒ 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

**Shannon Charping**

Date **10-13-07**

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
<b>MGRM</b>	<b>Shannon Charping</b>	<b>5263 Gulf Breeze Pkwy</b>	<b>Gulf Breeze Fl. 32563</b>

700111014367  
10/13/07--01049--018 \*\*200.00

**REINSTATEMENT 06-07**

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

**Shannon Charping**

Date **10-13-07**

Daytime Phone # **850-686-0096**

Typed or printed name of signing Managing Member/Manager

**Shannon Charping**