

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO600001355

1. Limited Liability Company's Name

Custom Installation LLC

2. Principal Office Address - No P.O. Box #

431 Windswept Blvd.

Suite, Apt. #, etc.

N/A

City & State

Freeport FL.

Zip

32439

Country

3. Mailing Office Address

431 Windswept Blvd.

Suite, Apt. #, etc.

N/A

City & State

Freeport FL.

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4-15-07

6. FEI Number

542191033

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 Ault

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

431 Windswept Blvd.

Suite, Apt. #, Etc

City

Freeport

State

FL

Zip Code

32439

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of

Registered Agent

William Ault

Date

6-12-14

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles

Name of
Authorized Representatives/
Managers

Street Address of Each
Authorized Representative/
Manager

City / State / Zip

owner William Ault

431 Windswept Blvd

Freeport FL. 32439

JUL 25 2014

M. WILLIAMS

11. E-mail Address: Ault3 @ Cox . net

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

William Ault

Date

6-12-14

Daytime Phone #

850-974-2924

Typed or printed name of signing Authorized Representative/Manager

WILLIAM AULT