2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000059926

Entity Name: TRI-COUNTY INSTALLATIONS, LLC

FILED Dec 12, 2007 Secretary of State

12/12/2007

Current Principal Place of Business: New Principal Place of Business:

PO BOX 541570 5904 DEERFIELD PLACE LAKE WORTH, FL 33454 LAKE WORTH, FL 33454

Current Mailing Address: New Mailing Address:

PO BOX 541570 POST OFFICE BOX 541570 LAKE WORTH, FL 33454 POST OFFICE BOX 541570

FEI Number: 20-5027330 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAMMAR, SAATHI S 5904 DEERFIELD PLACE LAKE WORTH, FL 33463 US

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.

SIGNATURE: SAATHI DAMMAR

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

 Title:
 MGRM
 () Delete

 Name:
 GANAISHLAL, ALVIN P

 Address:
 PO BOX 541570

 City-St-Zip:
 LAKE WORTH, FL 33454

Title: MGR () Delete
Name: DAMMAR, SAATHI S
Address: PO BOX 541570

City-St-Zip: LAKE WORTH, FL 33454

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition Name: GANAISHLAL, ALVIN P Address: POST OFFICE BOX 541570

City-St-Zip: LAKE WORTH, FL 33454

Title: MGR (X) Change () Addition Name: DAMMAR, SAATHI S

Address: POST OFFICE BOX 541570 City-St-Zip: LAKE WORTH, FL 33454

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date

SIGNATURE: ALVIN P GANAISHLAL MGRM