FILED

2012 AUG 23 AM 8:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

000238347990
08/09/12 01026 016 $516.25

CR2E041 (1/11)

DOCUMENT # L08000046028

1 Limited Liability Company's Name

Vonco Installations,LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3426 Pinedale Drive	3426 Pinedale Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lakeland	City & State: Lakeland
Zip: 33811 Country: US	Zip: 33811 Country: US

4 State/Country of Formation: Florida/ United States

5 Date Organized or Qualified To Do Business In Florida: ~~5-7-2008~~ 5-1-08

6 FEI Number: 26-2456221 ☐ 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: David Vondran

Street Address (P.O. Box Number is Not Acceptable): 3426 Pinedale Drive

Suite, Apt. # Etc:

City: Lakeland State: FL Zip Code: 33811

E-mail Address: voncoinstallations@gmail.com
(To be used for future annual report notices)

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: _____ Date: 7-31-2012
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
mgr	David Vondran	3426 Pinedale Drive	Lakeland,Fl. 33811

REINSTATEMENT
10-12-12

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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

Signature of Managing Member/Manager: _____ Date: 7-31-2012 Daytime Phone #: 352-279-2174

Typed or printed name of signing Managing Member/Manager: David Vondran