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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM **FILED**

15 AUG 25 PM 2:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900276411429

CR2ED41 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000052420

1. Limited Liability Company's Name
LEVEL INSTALLATION, LLC

2. Principal Office Address - No P.O. Box # 1190 North State Road 7		3. Mailing Office Address 1190 North State Road 7	
Suite, Apt. #, etc. # 117		Suite, Apt. #, etc. # 117	
City & State Lauderhill, FL		City & State Lauderhill, FL	
Zip 33313	Country United States	Zip 33313	Country United States

8. Name and Address of Current Registered Agent

Name
Edward C. George

Street Address (P.O. Box Number is Not Acceptable) Suite,
550 Pennsylvania Ave

Apt. #, Etc.

City
Fort Lauderdale

State
FL

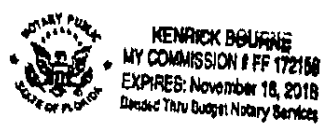
Zip Code
33312

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
04/18/2012

6. FEI Number Applied For Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a certificate of status



Kenrick Boulware

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 *[Signature]* Date **08/11/2015**

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
MGR	Edward C. George	550 Pennsylvania Ave	Fort Lauderdale, FL 33312

11. E-mail Address: **JARNO41@address@protonmail.com**

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 017.155, F.S.

Signature of authorized representative/member *[Signature]* Date **08/11/2015** Daytime Phone # **(954) 696-6904**

Typed or printed name of signing authorized representative/member **Edward C. George**

RE 8/25/15

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 726758 7882083
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 377.50

ORDER DATE : July 29, 2015
ORDER TIME : 8:56 AM
ORDER NO. : 726758-010
CUSTOMER NO: 7882083

DOMESTIC FILINGS

NAME: LEVEL INSTALLATION, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

FILED
15 AUG 25 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA