PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
07 MAY -8 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/07)

DOCUMENT # M03000003334

1. Limited Liability Company's Name

Installs Inc, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
241 Main Street	241 Main Street
Suite, Apt. #, etc.: 5th Floor	Suite, Apt. #, etc.: 5th Floor
City & State: Buffalo, New York	City & State: Buffalo, New York
Zip: 14203 Country: USA	Zip: 14203 Country: USA

4. State/Country of Formation: Delaware

5. Date Organized or Qualified To Do Business in Florida: 10/03/03

6. FEI Number: 820558088 ☐ 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: United Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable): 9200 South Dadeland Blvd.

Suite, Apt. #, Etc.: Suite 508

City: Miami State: FL Zip Code: 33156

☐ 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: Michael A. Barr Date: 5/07/07

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
MGR	Genstar Holding 2, LLC	Four Embarcadero Center, Suite 1900	San Francisco, CA 94111
			100112252812 05/15/07--01038--020 **200.00
MGRM	Spectrum Capital Enterprises, Inc.	241 Main Street	Buffalo, New York 14203

REINSTATEMENT 2006-2007

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: Gerald L. Kohn Date: 5/5/07 Daytime Phone #: 716-857-2700

Typed or printed name of signing Managing Member/Manager: Gerald L. Kohn