

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 NOV 12 PM 3: 04

DOCUMENT # **M48000000318**

1. Limited Liability Company's Name

INSTALLED PRODUCTS USA, LLC

2. Principal Office Address

207 G. KELSEY LANE

Suite, Apt. #, etc.

City & State

TAMPA FL

Zip

33619

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

DELAWARE

5. Date Organized or Qualified
To Do Business in Florida

4/3/98

6. FEI Number

56-2073011

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

Blake A. Upham

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

207-G Kelsey Lane

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

MJH

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

[Signature]

Date

11-8-99

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
MEM	Verble, C. Michael	794 N. Manasota Key Rd	Englewood, FL 34223
			200003051972--0
			-11/22/99--01139--011
			****155.00 ****155.00
			REINSTATEMENT 1999

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

[Signature]

Date **11-8-99**

Daytime Phone #

813-630-2498

Typed or printed name of signing Managing Member/Manager

Blake A. Upham

CR2041 (9-99)