



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # P00000062145</b><br>1. Entity Name<br><b>BMR INSULATION CONTRACTING, INC.</b>   |   |  |  | <b>FILED</b><br>05 OCT 17 AM 8:54<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |
| Principal Place of Business<br><b>2727 49TH STREET<br/>SARASOTA, FL 34234</b>   |   | Mailing Address<br><b>2727 49TH STREET<br/>SARASOTA, FL 34234</b>                 |  |   |  |
| 2. Principal Place of Business<br><b>3237 81st Court East</b><br>Suite, Apt. #, etc.  |   | 3. Mailing Address<br><b>121 Boca Ciega Drive</b><br>Suite, Apt. #, etc.          |  |   |  |
| City & State<br><b>Bradenton, FL</b>  |   | City & State<br><b>Madeira Beach, FL</b>  |  | 4. FEI Number<br><b>65-1021248</b>  |  |
| Zip<br><b>34211</b>   |   | Zip<br><b>343708</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Name and Address of Current Registered Agent<br><b>REED, HARRY S<br/>2727 49TH STREET<br/>SARASOTA, FL 34234</b>   |   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>121 Boca Ciega Drive</b><br>City<br><b>Madeira Beach</b> <b>FL</b> Zip Code<br><b>33708</b> |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <u><i>Harry S Reed</i></u> <u><i>Harry S Reed</i></u> <u>10-14-05</u><br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>   |   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After January 1, 2006, Fee will be \$300.00</b>  |   |   | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br><b>REED, WILLIAM M</b><br><b>2727 49TH ST</b><br><b>SARASOTA, FL 34234</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Reed, William M.</b><br><b>5402 249th Street</b><br><b>Myakka City, FL 34251</b>   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | T<br><b>REED, HARRY S</b><br><b>2727 49TH ST</b><br><b>SARASOTA, FL 34234</b>   | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Reed, Harry S.</b><br><b>121 Boca Ciega Drive</b><br><b>Madeira Beach, FL 33708</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>600060886</b><br><b>10/17/05--01068--006</b> <b>**\$150.00</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | _____<br>_____<br>_____<br>_____  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>REINSTATEMENT</b><br><b>05</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | _____<br>_____<br>_____<br>_____  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>T. Roberts</b> <b>OCT 25</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |   |   |  |   |  |
| SIGNATURE: <u><i>Harry S Reed</i></u> <u><i>Harry S Reed</i></u> <u>10-14-05</u> <u>741-650-5542</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |   |  |   |  |