

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 DEC 26 AM 8:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # PDDDDDD66560

1. Corporation Name

H.B. INSTALLATIONS, INC.

2. Principal Office Address

104 LOVERS LANE

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

Zip

33931

Country

USA

3. Mailing Office Address

104 LOVERS LANE

Suite, Apt. #, etc.

City & State

FORT MYERS BEACH, FL

Zip

33931

Country

USA

000009688750

12/26/02--01033--003 **750.00

REINSTATEMENT 02

4. Date Incorporated or Qualified
To Do Business in Florida

7-13-3000

5. FEI Number

65-1024907

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

KEVIN A. BURRESS

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

104 LOVERS LANE

Suite, Apt. #, Etc.

City

FORT MYERS BEACH

State

FL

Zip Code

33931

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-23-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ERNEST N. HAND JR.	18448 OLIVE RD	FORT MYERS FL 33912
D	KEVIN A. BURRESS	104 LOVERS LANE	FORT MYERS BEACH FL 33931

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12-23-02

Date

Daytime Phone #

CR2E081 (9/01)

25 12/31