

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 NOV -4 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000097024

1. Corporation Name

RELIABLE INSTALLATIONS, INC.

Principal Place of Business

5232 S W 93RD AVENUE
COOPER CITY FL 33328

Mailing Address

5232 S W 93RD AVENUE
COOPER CITY FL 33328

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

7610 STIRLING Rd.

Suite, Apt. #, etc.

D-204

City & State

Hollywood FL.

Zip

33024

Country

USA

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

SAME

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/03/2001

5. FEI Number

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	WALLER, GREGORY	5232 S W 93RD AVENUE	COOPER CITY FL 33328

400008778254
11/04/02--01041--010 **150.00

8. Name and Address of Current Registered Agent

WALLER, GREGORY
5232 S W 93RD AVENUE
COOPER CITY FL 33328

9. Name and Address of New Registered Agent

Name

Gregory D. Waller

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

7610 STIRLING Rd

Suite, Apt. #, Etc.

D-204

City

Hollywood

State

FL

Zip Code

33024

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Gregory D. Waller
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/31/02

11. 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:

Gregory D. Waller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/31/02

954-849-1628

Date

Daytime Phone #

To Whom this my concern.

After talking to a gentleman at the Florida Department of State. I told him I never received any mail at my new address. He told me the ~~State~~ fee would be lifted and that I owe \$150.00

This is my new address. Heres my check.

Gregory D. Waller

7610 Stirling Rd. #D-204

Hollywood Fl. 33024

Thank you very much.

Gregory D. Waller