

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124906

1. Entity Name
REDMOND'S INSTALLATIONS INC.



FILED

08 NOV 13 PH 3: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

Principal Place of Business
1232 WILD TURKEY RUN
MONTICELLO, FL 32344

Mailing Address
P.O. BOX 314
LLOYD, FL 32337

2. Principal Place of Business - No P.O. Box #
1232 Wild Turkey Run
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 314
Suite, Apt. #, etc.

10302008 REIN-P CR2E098 (1/07)

City & State
Monticello, FL
Zip
32344
Country
Jefferson

City & State
Lloyd, FL
Zip
32337
Country
Jefferson

4. FEI Number
90-0126919
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
REDMOND, STEVEN E
1232 WILD TURKEY RUN
MONTICELLO, FL 32344

7. Name and Address of New Registered Agent
Name
Steven E. Redmond
Street Address (P.O. Box Number is Not Acceptable)
1232 Wild Turkey Run
City
Monticello FL Zip Code
32344

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.

SIGNATURE Steven E. Redmond Steven E. Redmond 11-3-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$750.00
After January 1, 2009, Fee will be \$900.00

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	REDMOND, STEVEN E	
STREET ADDRESS	1232 WILD TURKEY RUN	
CITY-ST-ZIP	MONTICELLO, FL 32344	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Steven E. Redmond
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-3-08 850-445-3538
Date Daytime Phone #

Steven E. Redmond