

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000124906

1. Entity Name
REDMOND'S INSTALLATIONS INC.



Principal Place of Business 1232 WILD TURKEY RUN MONTICELLO, FL 32344	Mailing Address P.O. BOX 314 LLOYD, FL 32337
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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.
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City & State Monticello, FL	City & State Lloyd FL	4. FEI Number 90-0126919	Applied For <input type="checkbox"/> Not Applicable
Zip 32344	Country Jefferson	Zip 32337	Country Jefferson

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
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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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME REDMOND, STEVEN E	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1232 WILD TURKEY RUN	CITY-ST-ZIP MONTICELLO, FL 32344	STREET ADDRESS 100137666871	CITY-ST-ZIP 11205208-01020-021 **750.00
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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 11-3-08 850-445-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Steven E. Redmond

FILED
08 NOV 13 PH 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 08

