


2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000140179

1. Entity Name
LC INSTALLS, INC.



Principal Place of Business
7602 JONES ROAD
ODESSA, FL 33556

Mailing Address
7602 JONES ROAD
ODESSA, FL 33556

2. Principal Place of Business - No P.O. Box #
5639 Sailfish Dr.

3. Mailing Address
5639 Sailfish Dr.

Suite, Apt. #, etc.
C

Suite, Apt. #, etc.
#C

City & State
Lutz, FL

City & State
Lutz, FL

Zip
33558

Country

Zip
33558

Country

6. Name and Address of Current Registered Agent

GRABLE, LAWRENCE
7602 JONES ROAD
ODESSA, FL 33556

7. Name and Address of New Registered Agent

Name
Josh Grable

Street Address (P.O. Box Number is Not Acceptable)
5639 Sailfish Dr. #C

City
Lutz FL 33558

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: *Josh Grable*

(NOTE: Registered Agent signature required when reinstating)

DATE

THE NOWIN FEE IS \$150.00
After January 1, 2008, Fee will be \$300.00

In accordance with s. 607.103(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 NAME STREET ADDRESS CITY-ST-ZIP	P GRABLE, LAWRENCE 7602 JONES ROAD ODESSA, FL 33556	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000113483150 12/28/07--01042--005 **150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRABLE, JOSHUA L 5639 SAILFISH DR. LUTZ, FL 33566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Josh Grable 5639 Sailfish Dr. #C Lutz, FL 33558	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Josh Grable*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

2007 DEC 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT
10152007 REIN.P 1 CR2E098 (1/07)

4. FEI Number
20-0423923

Applied For
☐ Not Applicable

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