

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 MAR 31 AM 9:51

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P03000140179

1. Corporation Name

LC Installs, Inc.

08-10

**REINSTATEMENT**

800173971698  
03/31/10--01042--016 \*\*450.00

CR2E081 (11/09)

2. Principal Office Address - No P.O. Box # 5648 Sailfish Dr.		3. Mailing Office Address 5648 Sailfish Dr.	
Suite, Apt. #, etc. # B		Suite, Apt. #, etc. B	
City & State Lutz, FL		City & State Lutz, FL	
Zip 33558	Country USA	Zip 33558	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/23/2003	
5. FEI Number 20-0423923	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent			
Name Josh Grable			
Street Address (P.O. Box Number is Not Acceptable) 5648 Sailfish Dr.			
Suite, Apt. #, Etc. B			
City Lutz	State FL	Zip Code 33558	

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Date 3/14/2010

REGISTERED AGENT MUST SIGN

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
Mr./P	JOSH GRABLE	5648 SAILFISH DR #B	LUTZ, FL 33558

M. MILLIGAN  
EXAMINER

APR 2 2010

10. E-mail Address: happydaddy10@yahoo.com  
(To be used for future annual report notification)

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. I further certify 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: JOSH GRABLE 3/14/2010

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #