2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000141198

City-St-Zip: CAPE CORAL, FL 33909

Entity Name: M.K. INSTALLATIONS INC.

FILED Feb 24, 2005 Secretary of State

Littly Na	IIIC. IVI.N. IIVO	TALLATIONS INC.			
Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
2645 N.E. 9TH PL.			2645 N.E. 9TH AVE	2645 N.E. 9TH AVE	
#2 CAPE CORAL, FL 33909			#2 CAPE CORAL, FL 33	#2 CAPE CORAL, FL 33909	
Current M	lailing Addres	s:	New Mailing Addres	New Mailing Address:	
2645 N.E. 9TH PL. #2 CAPE CORAL, FL 33909			311 NE 13TH PL CAPE CORAL, FL 33909		
FEI Number	: 56-2416360	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
The above in the State	3TH PL. RAL, FL 33909	submits this statement for the p	purpose of changing its registere	d office or registered agent, or both,	
		ic Signature of Registered Ag	ent	Date	
Election Car		3(2)(b), F.S., the corporation did no g Trust Fund Contribution(). TORS:	·	ES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () KIRBY, MICHA 311 N.E. 13TH CAPE CORAL,	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () KIRBY, CYNTH 311 N.E. 13TH CAPE CORAL,	PL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	S () KIRBY, JAMES		Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CYNTHIA A KIRBY VP 02/24/2005