## 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000142017  1. Entity Name INSEALATION OF NORTH FLORIDA, INC.								FILED  05 MAR 10 PM 3: 11				
Principal Place of Business			M	Mailing Address			$\exists (\lambda)$					
129 NE COLBURN AVE LAKE CITY, FL 32055			t	129 NE COLBURN AVE LAKE CITY, FL 32055			W	SECRETAR: G. STATE TALLAHASSEE, FLORIDA				
2. Principal Place of Business				3. Mailing Address								
Suite, Apt. #, etc.			-	Suite, Apt. #, etc.			\$0.20g	NSTATI	ME	B(8.04)	24-0	
City & State				City & State			4-FEI Num	2423112			pliace de la	
Zip	Country			Zip		ntry		te of Status Desired	<u> Г</u>	8.75 Add ee Required		
	6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
TODD, MIKE						Street Address (P.O. Box Number is Not Acceptable)						
RT 8 BOX LAKE CITY			Sueet Addres	s (r.Q. Box Nun	Der is NOt Acceptable	)						
					City			FL	Zip Code	a		
			nt for the p	ourpose of changing its	register	ed office or regis	stered agent, or t	ooth, in the State of Flo		niliar with,	and accept	
the obligat	tions of register	e 100	ld	R	<u>1 K</u>	e Ta	<u>dd</u>	3/6/	105		``	
	Signard/e, typed or	printed named egustered a	agent and tale	f applicable. (NOT	E: Register	red Agent signature re	quired when reinstati	ng)	DATE	············		
Fil	LE NOW!!!	FEE IS \$900.00	0									
10.	1 =	OFFICERS A	ND DIREC		11.		ADDITION	S/CHANGES TO OFFI				
TITLE NAME	P TODD, MIKE			☐ Delete		.E AE	4	000488	488	☐ Change <b>☐ ☐</b>	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	1 '					EET ADORESS (-ST-ZIP	03/2	000488 2/0501028	004	**900.	. 00	
TITLE	D TODD 10011			☐ Delete		E				☐ Change	☐ Addition	
NAME STREET ADDRESS	RT 10 BOX					AE EET ADDRESS						
CITY-ST-ZIP	LAKE CITY, FL 32025				CITY-ST-ZIP							
title Name	D WILLIAMS,	STEVE		☐ Delete	TIT.					Change	Addition	
STREET ADDRESS	S 6227 SE COUNTRY CLUB RD S					EET ADDRESS						
CITY-ST-ZIP	LAKE CITY	, FL 32025		☐ Delete	TITL	r-st-zip				☐ Change	Addition	
NAME	İ			La Delete	NAM					Ghange	Audition	
STREET ADORESS CITY-ST-ZIP						EET ADDRESS (-ST-ZIP						
TITLE				Delete	TITL	1				☐ Change	Addition	
NAME Street Address City-St-Zip						ret address Y-st-zip						
TITLE				☐ Delete	गा।	£				Change	Addition	
NAME Street address					NAM STBI	AE EET ADDRESS						
CITY-ST-ZIP	<u></u>	,,,,,,				r-ST-ZiP						
indicated of the cor	i on this report rporation or the	or supptemental repo receiver or trustee e	ort is true a empowerea	iling does not qualify for and accurate and that r d to execute this report	ny signa as requi	ature shall have ti	he same legal efi	fect as if made under o	ath: that I an	n an officer	or director	
	Λ	minent with an addre	ss, with all	I other like empowered	ίγρ	TAC	1 2	11/05	281	75	3995	
SIGNAT	UNE; Z	SIGNATURE AND TYPE	YOU DOWNTED	NAME OF SIGNING OFFICER	OR CHEEC	, 000		14100 -		<u> </u>	<u>~~</u> ~	