

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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FILED

07 FEB -5 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03000147372

1. Corporation Name

T3 INSTALLATION, INC.

2. Principal Office Address - No P.O. Box # 23307 SIERRA RD		3. Mailing Office Address 23307 SIERRA RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State LAND O LAKES, FL		City & State LAND O LAKES, FL	
Zip 34639	Country USA	Zip 34639	Country USA

700087606737
02/07/07--01053--007 **450.00

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida **12/04/2003**

5. FEI Number **03-0533938**

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
TIMOTHY A. HARVEY JR

Street Address (P.O. Box Number is Not Acceptable)
23307 SIERRA RD

Suite, Apt. #, Etc.

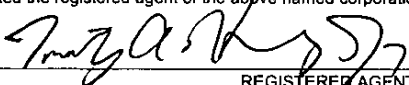
City
LAND O LAKES, FL

State
FL

Zip Code
34639

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.

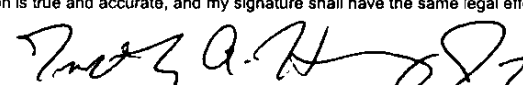
Signature of Registered Agent  Date **02/01/2007**

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
DP	TIMOTHY A. HARVEY JR	23307 SIERRA RD	LAND O LAKES, FL 34639
D	CHRISTOPHER N HARVEY	23307 SIERRA RD	LAND O LAKES, FL 34639

10. 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 and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:  Date **2-1-07** Daytime Phone # **813 298 9523**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ZofZ

T3 installation, inc.
23307 Sierra Road
Land O' Lakes, Fl 34639

Thursday, February 01, 2007

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Re: CORPORATION REINSTAMENT
T3 INSTALLATION, INC.
DOCUMENT # P03000147372
DISSOLUTION DATE: 09/16/2005


REQUEST FOR WAIVER OF REINSTATEMENT FEE

By way of this letter I request waiver of the Reinstatement fee as we did not receive the annual report notices in the year 2005, the year of dissolution / revocation.

Included please find the following:

2005 Annual report Fee	\$61.25
2005 Corporate Supplemental Fee	\$88.75
2006 Annual report Fee	\$61.25
2006 Corporate Supplemental Fee	\$88.75
2007 Annual report Fee	\$61.25
2007 Corporate Supplemental Fee	\$88.75
TOTAL:	<u><u>\$450.00</u></u>

Please file reinstatement application for this corporation. If there are any questions or problems please call Henry Dowd at (813)996-5322.

T3 INSTALLATION, INC

Timothy A Harvey Jr., President