

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 29 AM 10:32

DOCUMENT # P04000129946

1. Corporation Name

CERTIFIED INSTALLATION SERVICES, INC.

REINSTATEMENT 05

900061759069
11/29/05--01062--001 **150.00

CORRECT

CORRECT

2. Principal Office Address

917 N 31 ROAD

3. Mailing Office Address

917 N 31 ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOLLYWOOD, FL

City & State

HOLLYWOOD, FL

Zip

33021

Country

USA

Zip

33021

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/15/04

5. FEI Number

43-2063174

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

LISA A. PELLECHIO

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

917 N. 31 ROAD

Suite, Apt. #, Etc.

City

HOLLYWOOD

State

FL

Zip Code

33021

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

REGISTERED AGENT MUST SIGN

Date **11/17/05**

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
P	FRANK C. DIAZ, JR.	917 N. 31 ROAD	HOLLYWOOD, FL 33021
ST	LISA A. PELLECHIO	917 N. 31 ROAD	HOLLYWOOD, FL 33021

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 under section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/05

Date

Daytime Phone #

LASHBROOK, WOLLARD & FASANO, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

Dru D. Lashbrook, CPA
Brian H. Wollard, CPA
David J. Fasano, CPA, MBA
Dean R. Lashbrook
Jerry W. Reed, EA

*Member of the
Florida Institute of
Certified Public Accountants*

4481 Stirling Road
Fort Lauderdale, Florida 33314
Telephone: (954) 581-8112
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info@lbrook.com

November 18, 2005

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: CERTIFIED INSTALLATION SERVICES, INC.
DOC# P04000129946

To Whom It May Concern:

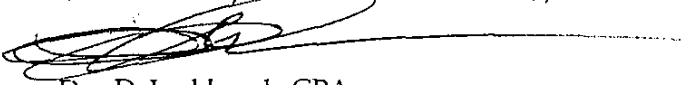
Enclosed is a check in the amount of \$150.00 to cover the 2004 corporate annual filing fee of \$150.00 for the above referenced corporation.

The officer of the corporation was unaware of the filing obligations to the State and it wasn't until professional advice was sought that it was discovered the annual report had not been filed. The address that was on record with the State was incorrect therefore any previous notices were not received.

Please accept the enclosed check and bring this corporation into an active status with the State. Your consideration in this matter is appreciated. If you should have any questions please contact our office. Thank you.

Sincerely,

LASHBROOK, WOLLARD & FASANO, P.A.



Dru D. Lashbrook, CPA
For the firm.

DDL/kd
Enclosures