

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P04000150994*

1. Corporation Name
Installations By Refsnelli, Inc.

2. Principal Office Address

*7667 W Sample Rd
Suite, Apt. #, etc. 143*

3. Mailing Office Address

*7667 W Sample Rd
Suite, Apt. #, etc. 143*

FILED

05 DEC 30 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

City & State

Coral Springs FL

Zip

33065 US

City & State

Coral Springs FL

Zip

33065 US

CR2E081 (8/05)

4. Date Incorporated or Qualified
To Do Business in Florida

11-3-04

5. FEI Number *20-1836755* Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Refsnelli, Robert

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

7667 W Sample Road

Suite, Apt. #, Etc.

#143

City

Coral Springs

6000064535626

*01/26/06--01066--010 **750 00*

State **FL**

Zip Code *33065*

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

Robert Refsnelli

Date *Dec 21, 2005*

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
Pros	<i>Robert Refsnelli</i>	<i>7667 W Sample Rd 143</i>	<i>Coral Springs FL, 33065</i>
			<i>MM/2/30</i>

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:

Robert Refsnelli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dec 21, 2005 (917)622-8721

Date Daytime Phone #