2008 FOR PROFIT CORPORATION REINSTATEMENT

SIGNATURE:

IGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # P05000060751 08 DEC 17 AM 8: 40 SKC INSTALLERS GROUP, INC Principal Place of Business Mailing Address 3441 ROGERO ROAD 3441 ROGERO ROAD JACKSONVILLE, FL 32277 IACKSONVILLE, FL 32277 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10242008 REIN-P CR2E098 (1/07) City & State City & State 4. FEI Number Applied For APPLIED FOR Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COLON, CLAUDIA M Street Address (P.O. Box Number is Not Acceptable) 3441 ROGERO ROAD JACKSONVILLE, FL 32277 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the After January 1, 2009, Fee will be \$300.00 corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Delete ☐ Addition NAME COLON, CLAUDIA M NAME 400139095324 12/17/08--01025--007 \*\*19 3441 ROGERO ROAD STREET ADDRESS STREET ADDRESS \*\*150.00 CITY-ST-ZIP JACKSONVILLE, FL. 32277 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME FRANCISCO, SOUSA S NAME STREET ADDRESS 3441 ROGERO ROAD STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-ZIP CITY-ST-7IP TITLE D Delete TITLE ☐ Change ☐ Addition **GUIMARAES, ANTONIO M** NAME NAME STREET ADDRESS 11990 BEACH BLVD #118 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32207 CITY-\$T-ZIP REINSTATEMENT 2008 Ange n Z Detete ☐ Addition IME TITLE **GUIMARAES, FRANCISCO** NAME NAME STREET ADDRESS 7632 S. SIDE BLVD APT 252 STREET ADDRESS JACKSONVILLE, FL 32277 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED

Date

Daytime Phone #