


# 2006 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P05000131030</b> 1. Entity Name PDQ INSTALLATION SERVICES, INC.	
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FILED

06 NOV 20 PM 4: 07

Principal Place of Business CR 489B HOUSE NUMBER 304 LAKE PANASOFFKEE, FL 33538	Mailing Address CR 489B HOUSE NUMBER 304 LAKE PANASOFFKEE, FL 33538
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## REINSTATEMENT



2. Principal Place of Business  Suite, Apt. #, etc.	3. Mailing Address <i>PO Box 82</i>  Suite, Apt. #, etc.
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1162006 REIN-P CR2E098 (11/05)  
 Applied For  
 Not Applicable

City & State  Zip	City & State <i>Lakepanasoffkee Fla.</i>  Zip <i>33538</i>	Country <i>U.S.</i>	4. FEI Number <i>20-3525461</i>
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

SANDERS, JOHN W  
 CR 489B HOUSE NUMBER 304  
 LAKE PANASOFFKEE, FL 33538

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After January 1, 2007, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD SANDERS, JOHN W CR 489B HOUSE NUMBER 304 LAKE PANASOFFKEE, FL 33538		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 oath; 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.

**SIGNATURE:** *John W. Sanders* *Nov. 17, 2006*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #