

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2023 NOV -3 AM 8:52

DEPARTMENT OF STATE
TALLAHASSEE, FL

DOCUMENT # P93000069794

1. Corporation Name

Installation Systems Inc.

2. Principal Office Address - No P.O. Box #

462 Boushelle DR.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#205

Suite, Apt. #, etc.

SAME

City & State

New Smyrna Beach FL

City & State

SAME

Zip

32169

Country

USA

Zip

—

Country

—

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

10/01/1993

5. FEI Number

59-3201850

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

S.E. McLEAN

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

462 Boushelle Drive

Suite, Apt. #, Etc.

#205

City

New Smyrna Beach

State

Zip Code

FL

32169

800418449548

11/03/23--01026--001 **856.25

800418449548

11/03/23--01026--000 **856.25

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 11/11/23

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
PRES	SUZANNE E McLEARD (ALL POSITIONS)	462 Boushelle Drive 205	NEW SMYRNA BEACH, FL 32169

10. E-mail Address: mcleanbona200@gmail.com

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.