APPLICATION FOR REINSTATEMENT FOR REINSTATEMENT Secretary of State DOCUMENT # PG 700080600 1. Geoposition Name J. D. C. INSTALLATIONS, INC. Principal Place of Business Mailing Address Mailing Address Mailing Address Mailing Address Mailing Address T is alow address as preserved in any way. The Phongh Incorrect Information and enter correction below. There Principal Once Address, if Applicable 1. There Principal Once Address, if Applicable Suite. Apt #, etc. Suite. Apt #, etc. Cov # State Cov # State Cov # State Cov # Country P Country P Country Replaced of Decore of Country P D Rubsey Replaced of Country A Copy State	The series of th						
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7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officer and/or Directors Name and Addresses of Each Officer and/or Directors Name and Address of Current Registered Agent Name And Address of New	City & State	City & State			<u> </u>	Not Applicable	
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the application of application to application to charter 507 or 617 F.S. I further certify that when filling				this explication on	noulded for in a	hapter 607 or 617. F.S. I further certify that when filing	
12. 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 filling the 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 filling 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. The information indicated	12. I certify that I am an officer or director or the rec this reinstatement application, the reason for dis	cerver or trustee 6 isolution has been	inpowered to execute in eliminated, the corpo	orate name satisfie	s the requirement	ts of section 607.0401 or 617.0401, F.S., that all fees refer section 119.07(3)(i), F.S. The information indicated	
this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requestrients of section 119.07(3)(i), F.S. The information indicated owed by the corporation have been paid and the names of individuals fisted 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.							
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