



# 2005 FOR PROFIT CORPORATION REINSTATEMENT

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<b>DOCUMENT # P97000106523</b> 1. Entity Name <b>MARRIS INSTALLATIONS, INC.</b>						05 SEP 15 AM 7:18 MAIL ROOM STATE OF FLORIDA	
Principal Place of Business <b>179-G N HWY 27 CLERMONT, FL 34711</b>				Mailing Address <b>179-G N HWY 27 CLERMONT, FL 34711</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>650 East Ave</b> Suite, Apt. #, etc.		 <b>REINSTATEMENT</b> (6/04) <b>04-05</b>			
City & State City, State <b>Clermont, FL</b>		City, State <b>Clermont, FL</b>					
Zip <b>34711</b>		Country <b>USA</b>					
4. FEI Number <b>59-3491973</b>				Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MARRIS, PETE E 179-G N HWY 27 CLERMONT, FL 34711</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2006, Fee will be \$300.00</b>				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARRIS, PETE</b> <input type="checkbox"/> Delete <b>179 NORTH HIGHWAY 27</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>500053785-001</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>09/20/05--01052--001 \$300.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <input checked="" type="checkbox"/> Delete <b>STEBBINS, CHRIS</b> <b>179-G N HWY 27</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>UP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LouAnne MARRIS</b> <b>650 East Ave</b> <b>Clermont FL 34711</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Delete <b>LUKER, STEPHEN</b> <b>179-G N HWY 27</b> <b>CLERMONT, FL 34711</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Stebbins CHRIS</b> <b>179-G N Hwy 27</b> <b>Clermont FL 34711</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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"/> 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"/> Delete			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 exemption stated in Section 119.07(3)(i), 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.							
<b>SIGNATURE:</b> <i>Pete Marris</i> <b>Pete MARRIS</b> <b>9/13/05</b> <b>352-394-1623</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							

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MARRIS INTALLATIONS, INC.  
650 EAST AVE.  
CLERMONT, FLA 34711  
(352)-394-1623  
FEI #59-3491973

Sept. 13, 2005

Re: document #P97000106523 Reinstatement

Dear Sirs,

Enclosed, please find Reinstatement report for Marris Installations, Inc. Please also find check #3397 in the amount of \$300.00 for 2004 and 2005.

Marris Installations, Inc. never received a notice due to the address change. Please note the other changes on the form. Contact us at the phone # above if you need any further information.

Thanking You in advance, for your attention to this matter.

Sincerely,

Lou Anne Marris,  
V.P., Marris Installations, Inc.