2005 FOR PROFIT CORPORATION REINSTATEMENT

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DOCUMENT # P99000087980 1. Entity Name BRUMMITT INSTALLATIONS, INC.							3 21	[[] [] [] [] [] [] [] [] [] [>և		
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Principal Place of Business				Mailing Address			CCCEF	TARY OF SIA	100		
10346 DWIGHT RD.				10346 DWIGHT RD.			TALLAH	SECRETARY OF STATE TALLAHASSEE, FLORIDA			
CLERMONT, FL 34711				CLERMONT, FL 34711			17-12				
2. Principal Place of Business			3.	3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			10052005	REIN-P	CR2	E098 (6/04)	
City & State				City & State			4. FEI Num 59-36			<u> </u>	oplied For
Zip	Country			Zip Coun		ntry	1	e of Status Desired	×	\$8.75 Add	ditional
6. Name and Address of Current			ent Regi	stered Agent	Ι	7. Name an	d Address of New F				
						Name			-		
BRUMMITT, PATRICIA S A 10346 DWIGHT RD					Street Address (P.O. Box Number is Not Acceptable)						
CLERMON	NT, FL 34	711								<u> </u>	
						City			FL	Zip Coo	le
8. The above	named entit	v submits this statemer	nt for the	purpose of changing its	register	ed office or rer	nistered agent, or h	oth, in the State of Ele		familiar with	and accept
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 Patrucia S. Brummut - Executive Office 10-5-05 Signature, typed or printed name of registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE											
Suprazione, typed of princed name of registered agent and the nilepticatore. [NOTE: Registered Agent signature required when reinstating] DATE											
FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$300.00								In accordance v corporation did			
10.		OFFICERS A	ND DIRE	L CTORS	11.	•	ADDITION:	J S/CHANGES TO OFF	ICERS AN	D DIRECTOR	IS IN 11
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 	L certify that the	e information supplied	with this	filing does not qualify to			in Section 119 07/3	l)(i). Florida Statutee	I further ce	ertify that the i	nformation_
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.											
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SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date Description Date Description Date Description Descri											

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