PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
06 JUN 28 PM 3:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P99000088687

REINSTATEMENT 04-06

CR2E081 (12/05)

1. Corporation Name
Final Phase Installations, Inc

2. Principal Office Address	3. Mailing Office Address
7621 Southwick St.	108 Ingram Rd.
Suite, Apt. #, etc.	Suite # 15
City & State: Orlando, FL	City & State: Williamsburg, VA
Zip: 32818 Country: USA	Zip: 23188 Country: USA

4. Date Incorporated or Qualified To Do Business In Florida: 10/04/1999

5. FEI Number: 59-3593005 ☒ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

7. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City: Plantation State: FL Zip Code: 33324

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: Judith B. Argao

REGISTERED AGENT (Asst. Secretary & V. President)

Date: 06/23/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	Randy Remillard	7621 Southwick St.	Orlando, FL 32818

6/23/06

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10. 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., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, 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.

SIGNATURE: _____ 6/23/06 757 220-6658

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #