

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

4 FILED 70

05 DEC 12 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12/13/05

CR2E041 (8/05)

DOCUMENT # L04000084470

1. Limited Liability Company's Name

Florida Electric Technology LLC

2. Principal Office Address

2271 NW Windemere dr.

Suite, Apt. #, etc.

3. Mailing Office Address

2271 NW Windemere dr.

Suite, Apt. #, etc.

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

November 19 2004

City & State

Jensen Beach Fl.

City & State

Jensen Beach Fl.

6. FEI Number

20-1902752

Applied For

Not Applicable

Zip

34957

Country

USA

Zip

34957

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rene William Pawlak

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

2271 NW Windemere dr.

Suite, Apt. #, Etc.

City

Jensen Beach

State

FL

Zip Code

34957

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Rene Pawlak*

REGISTERED AGENT MUST SIGN

Date November 21 2005

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Mgr.	Rene Wm. Pawlak	2271 NW Windemere dr.	Jensen Beach FL. 34957
			500061736085 11/29/05--01016--012 **100.00
			500061736085 11/29/05--01010--013 **50.00

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

*Rene Pawlak*

Date Nov/21/05

Daytime Phone# 772 692 8695

Typed or printed name of signing Managing Member/Manager Rene Wm. Pawlak