

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000111666
 1. Entity Name
 SPE UTILITY CONTRACTORS FD, L.L.C. 9/26/08



FILED

09 MAR 06 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 814 AIA NORTH 200 PONTE VEDRE BEACH, FL 32082 US	Mailing Address 814 AIA NORTH 200 PONTE VEDRE BEACH, FL 32082 US
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

02192009 REIN-LLC CR2E101 (1/07)

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

POSTILL, LORIE
814 AIA NORTH
200
PONTE VEDRA BEACH, FL 32082

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ FL Zip Code _____

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$377.50		Make check payable to Florida Department of State
-----------------------------	--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <p>MGRM <i>CEO</i> <input type="checkbox"/> Delete</p> <p>POSTILL, LORIE 240 SE 10TH STREET POMPANO BEACH, FL 33060</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p>MGRM <input type="checkbox"/> Delete</p> <p>POSTILL, DAVID P 240 SE 10TH STREET POMPANO BEACH, FL 33060</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Delete</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Delete</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Delete</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Delete</p> </div>

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p style="font-size: 1.2em; text-align: center;">400145167084</p> <p style="font-size: 0.8em; text-align: center;">03/06/09--01043--007 **377.50</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div>
	<div style="border: 1px solid black; padding: 2px;"> <p><input type="checkbox"/> Change <input type="checkbox"/> Addition</p> </div>

REINSTATEMENT 2008 - 2009

nc 3/10/09

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *[Signature]* 10/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #