

10/27/03 P.02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM OF STATE DIVISION OF CORPORATIONS

03 DEC 31 PM 5:56

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M02000000273

1. Limited Liability Company's Name Rock City Mechanical, LLC

2. Principal Office Address: Rock City Mechanical, LLC, 2715 Grandview Ave., Nashville, TN 37211. 3. Mailing Office Address: Rock City Mechanical LLC, P.O. Box 40446, Nashville, TN 37204.

4. State/Country of Formation: TN - Davidson. 5. Date Organized or Qualified To Do Business in Florida: 1/29/2001. 6. FEI Number: 62-1857621. 7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent: C T Corporation System, 1200 South Pine Island Road, Plantation, FL 33324.

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: Jennifer F. Aultman, Assistant Secretary, C. T. Corporation System, Date: 12/24/2003.

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City/State/Zip. Rows include John C. Wehby (Pres), Tony J. Lanier (VICE), Larry H. Medlen (VICE), and Robert C. Scott (VICE).

REINSTATEMENT stamp with handwritten date 03 Dec

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 disqualification has been eliminated, the limited liability company name satisfies the requirements of section 808.406, F.S., and that all fees owed by the limited liability company have been paid. Signature of Managing Member/Manager: John D. Dickens, Date: 12/24/03, Daytime Phone #: 615-251-3045.