

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

2004 FEB 25 PM 2:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000000516

Name and Mailing Address

0018885 01 MB 0305 **AUTO H2 0 0818 32618-420925
 ESCO-INSULECTRO L.L.C.
 25 HUBBLE
 IRVINE CA 92618-4209



2. New Mailing Address 2 SOUTH POINTE DRIVE SUITE 220 City, State, Zip LAKE FOREST, CA 92630		4. State/Country of Formation CA	
Principal Place of Business 25 HUBBLE IRVINE CA 92618		5. Date Organized or Qualified To Do Business in Florida 05/28/1998	
3. New Principal Place of Business Address 2 SOUTH POINTE DR SUITE 220 City, State, Zip LAKE FOREST, CA 92630		6. FEI Number 33-0777092	
5. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City State FL Zip Code		Applied For Not Applicable	
20. 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. Name of Agent M. T. Fitzpatrick Date 2/13/04			
11. Names and Street Addresses of Each Managing Member/Manager			
TITLE(S)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CIOPFI, RON	25 HUBBLE 2 SOUTH POINTE DR # 220	IRVINE CA 92618 LAKE FOREST, CA 92630
700030668867 03/17/04--01050--020 **200.00			
REINSTATEMENT <i>2003-0408</i>			
22. I certify that I am a 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 affirmed, the limited liability company name satisfies the requirements of section 608.408, 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 <i>Ron Cioppi</i> Date 2/5/04 Daytime Phone # 949-330-3632 Typed or printed name of signing Managing Member/Manager RON CIOPFI			

CR2E084 (7/03)