

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED

FILED

02 APR 25 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L000000010733

1. Limited Liability Company's Name

Electrical Works LLC

REINSTATEMENT

2001-2002

2. Principal Office Address

3. Mailing Office Address

206 Shore DR.

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Winter Haven FLA

Same

Zip
33884

Country
Puerto Rico

Zip

Country

4. State/Country of Formation

FLA USA

5. Date Organized or Qualified
To Do Business in Florida

1-1-01

6. FEI Number

59-3673514

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

STEVE L. FARLEY

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

206 Shore DR. SE

Suite, Apt. #, Etc.

City

Winter Haven

State

FL

Zip Code

33884

700005430587--8

-05/02/02--01039-016

****205.00 ****205.00

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

Steve L. Farley

REGISTERED AGENT MUST SIGN

Date 4-20-02

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
managing member	Steve L. Farley	206 Shore DR. SE	Winter Haven 33884

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

Steve L. Farley

Date 4-20-02 Daytime Phone# 863-326-4848

Typed or printed name of signing Managing Member/Manager STEVE L. FARLEY

CR20041 (9/01)