

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

192

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT  
UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 OCT 22 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

L-13089

1. Limited Liability Company's Name

PIONEER Electric, LLC

2. Principal Office Address

7929 Villa Deste Way

Suite, Apt. #, etc.

3. Mailing Office Address

Same.

Suite, Apt. #, etc.

City & State

Delray Beach

City & State

Florida

Zip

Country

33446

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

8/00

6. FEI Number

06-1058043

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL SCHEFFLER

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

7929 Villa Deste Way

Suite, Apt. #, Etc.

City

Delray Beach

State

FL

Zip Code

33446

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

*[Signature]*

Date 10/19/01

REGISTERED AGENT MUST SIGN

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
pe	MICHAEL SCHEFFLER	7929 Villa Deste Way	Delray Beach, FL 33446

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

*[Signature]*

Date 10/19/01

Daytime Phone # 561 487 5656

Typed or printed name of signing Managing Member/Manager

MICHAEL SCHEFFLER

CR2041 (9/01)