

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

182

LIMITED LIABILITY COMPANY REINSTATEMENT

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

FILED

01 OCT 29 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L0000001V1V1

1. Limited Liability Company's Name

South Florida Controls Group LLC

2. Principal Office Address

7353 NW 8th Street

Suite, Apt. #, etc.

Unit C

City & State

Miami, FL

Zip

33126

Country

U.S.A

3. Mailing Office Address

"

Suite, Apt. #, etc.

"

City & State

"

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

Dec. 18, 2000

6. FEI Number

589415082

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$800 Additional Fee required for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Hector Hernandez

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

7353 NW 8th Street

Suite, Apt. #, Etc.

Unit C

City

Miami, FL

State

FL

Zip Code

33126

800004666748-3

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*****50.00 *****50.00

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

[Signature]

Date

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
MGR	Oscar Blazquez	8342 NW 143 Terr.	Miami Lakes, FL 33016
MGR	Hector Hernandez	1142 NW 12th Ct.	Miami, FL 33182

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

10/25/01

Daytime Phone #

305 266 4242

Typed or printed name of signing Managing Member/Manager

OSCAR L. BLAZQUEZ

CR2ED41 (9/01)