

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L0100020051**

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 JAN -8 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1/8 2002

MJM

DOCUMENT # L 0100020051

1. Limited Liability Company's Name

Tower Electrical Construction, LLC

2. Principal Office Address

6434 N.W. 5th Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

3. Mailing Office Address

6434 N.W. 5th Way

Suite, Apt. #, etc.

City & State

Ft. Lauderdale, FL

4. State/Country of Formation

Florida

5. Date Organized or Qualified To Do Business in Florida

November 20, 2001

6. FEI Number

59-3758983

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

000009329540

12/03/02--01083--009 \*\*155.00

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

*Dale W. Morris*

DALE W. MORRIS  
ASSISTANT VICE PRESIDENT

Date

11-25-02

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	F. Norbert Hector, Jr.	421 Raleigh View Road	Raleigh, N.C. 27610
MGR	Michaël Skolnick	6434 N.W. 5th Way	Ft. Lauderdale, FL 33309
MGR	Stephen Turner	6434 N.W. 5th Way	Ft. Lauderdale, FL 33309

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 XXXXXXXXXXXX/Manager

*F. Norbert Hector, Jr.*

Date

11/15/02

Daytime Phone #

(919) 835-3655

Typed or printed name of signing XXXXXXXXXXXX Manager

F. Norbert Hector, Jr.

CR2E041 (9/01)