
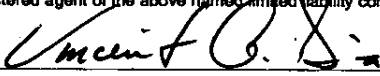



PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L03 000016029</u>					
1. Limited Liability Company's Name Southern Electric of Florida, L.L.C.					
2. Principal Office Address 8255 SW Sunnybreeze Rd. Suite, Apt. #, etc.		3. Mailing Office Address 8255 SW Sunnybreeze Rd. Suite, Apt. #, etc.		4. State/Country of Formation Florida/ U.S.A.	
City & State Arcadia, FL		City & State Arcadia, FL		5. Date Organized or Qualified To Do Business in Florida 05/05/2003	
Zip 34266	Country U.S.A.	Zip 34266	Country U.S.A.	6. FEI Number 32-0073610	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Vincent A. Sica, Esquire					
Street Address (P.O. Box Number is Not Acceptable) 10 South DeSoto Avenue					
Suite, Apt. #, Etc. Suite 101					
City Arcadia				State FL	Zip Code 34266
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 				Date <u>12-12-2005</u>	
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		
MGRM	Michael Jeter	8255 SW Sunnybreeze Road	Arcadia, FL 34266		
MGRM	Tom Lipe	9161 SW Lipe Road	Arcadia, FL 34266		
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 				Date <u>12-12-05</u> Daytime Phone # <u>990-0240</u>	
Typed or printed name of signing Managing Member/Manager <u>Michael Jeter</u>					

SECRET
DIVISION OF CORPORATIONS

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REINSTATEMENT 04-05