PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

| COMPANY REINSTATEMENT | ORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS | FILED 11 FEB -3 PH 12: 28 |
|--|---|---|
| DOCUMENT # L03000044174 | | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| Marlin Electrial Service, LLC 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address | | CR2E041 (05/10) |
| Suite, Apt. #, etc. Suite | 09 Valley 12 d | 4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 11/3/03 |
| City & State Tallahusser FIA. 74 Zip Country Zip | 8. State //ahass F/A- Country | 6. FEI Number Applied For Not Applicable |
| 32301 Leon 32 | 1301 2+09 | 7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status |
| Name Name Name Ni'l'a m Ai'chs Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City Tallahass | State Zip Code FL 3230/ | 800193250288 02/03/1101024021 **377.50 |
| 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 | | |
| 10. Names and Street Addresses of Managing Members/M | lanagers | |
| Titles Managing Members/ Managers | Street Address of Each Managing Member/Manag | l l |
| MGRM William Hick | 1509 Vullay 1 | tallahasre-Fl. |
| William Hicky | | , |
| REINSTATEMENT 2010, 2011 | | |
|]] E-mail Address: | | |
| (To be used for future annual report notifications) 12. 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 filling 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 Date Daytime Phone # 5566 7233 | | |
| Typed or printed name of signing Managing Member/Manager | | |