PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 1 AM 11:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000050349

1. Limited Liability Company's Name
Bollman's Electric Serrice & Contracting LLC

800259760388
05/01/14--01031--005 **138.75

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
855 Lake June Rd	855 Lake June Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lake Placid, FL	City & State: Lake Placid, FL
Zip: 33852 Country: Highlands	Zip: 33852 Country: Highlands

4. State/Country of Formation: Florida USA

5. Date Organized or Qualified To Do Business in Florida: 12-05-03

6. FEI Number: 51-0497285 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: William F. Bollman
Street Address (P.O. Box Number is Not Acceptable): 855 Lake June Rd,
Suite, Apt. #, Etc.:
City: Lake Placid State: FL Zip Code: 33852

800259760388
06/24/14--01004--008 **95.00

800259760388
06/12/14--01002--010 **143.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: William F. Bollman
REGISTERED AGENT MUST SIGN

Date: April 28, 14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Michael C. Bollman	855 Lake June Rd	Lake Placid FL 33852

REINSTATEMENT
2013 – 2014
377.50

Balance Due 95.00

S. HAWKES
MAY -7 A.M.
EXAMINER

11. E-mail Address: bwf@hln.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: William F. Bollman Date: 4-28-14 Daytime Phone #: 863 840-0494

Typed or printed name of signing Authorized Representative/Manager: William F. Bollman