

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # W03000053140

1 Limited Liability Company's Name

World over Electric

2. Principal Office Address - No P.O. Box #

267 John Knox Rd

Suite, Apt. #, etc

106

City & State

Tallahassee FL

Zip

32303

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc

Same

City & State

Same

Zip

Same

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12-16-03

6. FEI Number

33-1079066

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E041 (1/11)

8. Name and Address of Current Registered Agent

Name

Lorena Richardson

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

4409 Westover Dr

Suite, Apt. #, Etc

City

Tallahassee

State

FL

Zip Code

32303

E-mail Address:

700244776097

02/15/13--01009--015 *\$377.50

woelectric@hotmail.com

(To be used for future annual report notices)

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

Lorena Richardson

Date 2-19-13

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
<u>mgr</u>	<u>Lorena Richardson</u>	<u>4409 Westover Dr</u>	<u>Tallahassee FL</u> <u>32303</u>

REINSTATEMENT 2014

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Lorena Richardson

Date 2-15-13

Daytime Phone # 850-264-2961

Typed or printed name of signing Managing Member/Manager