

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2018 FEB 26 PM 3:08

SECRETARY OF STATE
ALLAHASSEE, FLORIDA

DOCUMENT # 203000053893

1. Limited Liability Company's Name

Shaw's Electric LLC

CR2E041 (12/13)

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

P.O. Box 8

3. Mailing Office Address

P.O. Box 8

Suite, Apt. #, etc.

Suite, Apt. #, etc.

74 Shaw Lane

City & State

City & State

Quincy, FL

Quincy, FL

Zip

Country

Zip

Country

32353

Godsden

32353

Godsden

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

12-17-03

6. FEI Number

54-3268871

☐ 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

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code
32352

E-mail Address:

700309759767

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seeshaw@tds.net

(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 605, F.S.

Signature of
Registered Agent

Charlie H. Shaw

Date

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Charlie H. Shaw	P.O. Box 8	Quincy, FL 32353

REINSTATEMENT
All

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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
Authorized Person

Charlie H. Shaw

Date

Daytime Phone #

Typed or printed name of signing Authorized Person