

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000057124

1. Limited Liability Company's Name

Current+ Electric LLC

2. Principal Office Address

6253 Crestwood Dr

Suite, Apt. #, etc.

City & State

Tall, FL

Zip

32311

Country

3. Mailing Office Address

P O Box 20926

Suite, Apt. #, etc.

City & State

Tall, FL

Zip

32316

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

261110719

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

300075384703
05/26/06--01059--021 **250.00
CR2E041 (8/05)

FILED
06 MAY 16 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. Name and Address of Current Registered Agent

Name

Samuel L Darity

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

6253 Crestwood Dr

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

5/16/06

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>MEM</u>	<u>Samuel L Darity</u>	<u>6253 Crestwood Dr</u>	<u>Tall, FL 32311</u>

REINSTATEMENT 2004-06

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

[Signature]

Date

5/16/06

Daytime Phone#

(850) 386-1412

Typed or printed name of signing Managing Member/Manager

Samuel L Darity