

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # LO3000057124

1. Limited Liability Company's Name

CURRENT ELECTRIC LLC

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

6253 CRESTWOOD DR

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 20926

Suite, Apt. #, etc.

City & State

TALL. FL.

City & State

TALL. FL.

Zip

Country

32316

LEON

Zip

Country

32316

LEON

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

SAMUEL L SARTY

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

6253 CRESTWOOD DR

Suite, Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32311

E-mail Address:

600244895146
02/20/13--01004--011 **541.25

(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

[Signature]

Date 2/20/13

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
Owner	SAMUEL L SARTY	6253 CRESTWOOD DR	TALL. FL. 32311

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

[Signature]

Date 2/20/13 Daytime Phone # 850 3861412

Typed or printed name of signing Managing Member/Manager