


# 2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L03000057299		
1. Entity Name DON JOHNSON ELECTRICAL SERVICE LLC		

Principal Place of Business 5001 LAKEFRONT DRIVE, 14 TALLAHASSEE, FL 32303	Mailing Address P.O. BOX 180728 TALLAHASSEE, FL 32318
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2. Principal Place of Business - No P.O. Box # 4110 Chelmsford Rd	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State Tallahassee, FL	City & State
Zip 32309	Country Leon

8. Name and Address of Current Registered Agent ALL FLORIDA FIRM, INC. 813 DELTONA BLVD. STE. A DELTONA, FL 32725		7. Name and Address of New Registered Agent Name Don Johnson Street Address (P.O. Box Number is Not Acceptable) 4110 Chelmsford Rd City Tallahassee FL Zip Code 32309	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <i>Don Johnson</i>	DATE 3/23/12

FILE NOW!!! FEE IS \$377.50	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM JOHNSON, DONALD H 5001 LAKEFRONT DRIVE, 14 TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM Johnson, Donald H. 4110 Chelmsford Rd. Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	500226004775 03/26/12--01005--006 ***377.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	REINSTATEMENT 2011, 2012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.	
SIGNATURE: <i>Don Johnson</i>	DATE 3/23/12
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date E-MAIL ADDRESS DJelectrical26@yahoo.com	

FILED

12 MAR 23 PM 3:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232012 REIN-LLC CR2E101 (12/11)

4. FEI Number 59-3143496	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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Hamilton MAR 23 2012