

2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000277		
1. Entity Name SIMONEAU ELECTRIC L.L.C.		

Principal Place of Business 4786 RAYFORD STREET JACKSONVILLE, FL 32254 US	Mailing Address 1628 OTIS RD JACKSONVILLE, FL 32220 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
10 SEP 28 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

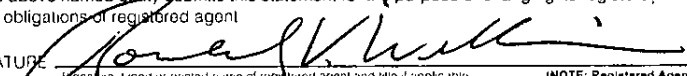


09282010 REIN-LLC CR2E101 (1/07)

4. FEI Number 32-0256652	Applied For Not Applicable
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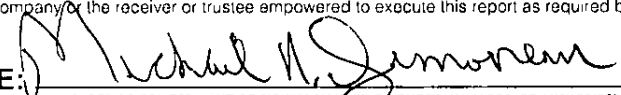
5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent WILLIAMS, ROWLAND V 6111-1 ARLINGTON ROAD JACKSONVILLE, FL 32211		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 	DATE 09/28/10

FILE NOW!!! FEE IS \$238.75 After January 1, 2011, Fee will be \$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	MGR SIMONEAU, MICHAEL N 1628 OTIS RD JACKSONVILLE, FL 32220 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMONEAU, FRANCES M 1628 OTIS ROAD JACKSONVILLE, FL 32220 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300185967313 09/28/10--01027--015 **\$17.50 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDREWS, GERARD E P O BOX 6778 JACKSONVILLE, FL 32236 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: 	DATE: 09/28/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	