2010 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L04000000277

1. Entity Name
SIMONEAU ELECTRIC L.L.C.

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

09282010 REIN-LLC CR2E101 (1/07)

Principal Place of Business	Mailing Address
4786 RAYFORD STREET JACKSONVILLE, FL 32254 US	1628 OTIS RD JACKSONVILLE, FL 32220 US

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

4. FEI Number 32-0256652 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILLIAMS, ROWLAND V 6111-1 ARLINGTON ROAD JACKSONVILLE, FL 32211	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: Rowland V. Williams 09/28/10
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $238.75
After January 1, 2011, Fee will be $377.50

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ☐ Delete SIMONEAU, MICHAEL N 1628 OTIS RD JACKSONVILLE, FL 32220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete SIMONEAU, FRANCES M 1628 OTIS ROAD JACKSONVILLE, FL 32220	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300185967313 09/28/10--01027--015 **317.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ☐ Delete ANDREWS, GERARD E P O BOX 6778 JACKSONVILLE, FL 32236	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 REINSTATEMENT 2010	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: Michael N. Simoneau 09/28/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

T. Hampton SEP 28 2010