PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State FILED REINSTATEMENT DIVISION OF CORPORATIONS 12 APR -6 PM 1442 DOCUMENT # L0400004979 1. Limited Liability Company's Name STORIGHE ALL SEE, FLORIDA The Master Electric Co., LLC CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address 39 W Lowder Street 39 W Lowder Street 4. State/Country of Formation Florida, USA Suite, Apt. #, etc. Suite, Apt. #, etc. Date Organized or Qualified
To Do Business in Florida 01/20/2001 #1381 #1381 City & State City & State Applied For 6. FEI Number Macclenny, FL Macclenny, FL 542140592 Not Applicable Country 7. CERTIFICATE OF STATUS DESIRED 2 \$5.00 Additional Fee required 32063 32063 USA **USA** Name and Address of Current Registered Agent 8. E-mail Address: George W Blow III Street Address (P.O. Box Number is Not Acceptable) 205 Parshley Street SW georgeblow@windstream.net Suite, Apt. #, Etc. dkominiak@yahoo.com City Zip Code (To be used for future annual report notices) 32064 Live Oak 9. I, being appointed the registered agent of miliar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent Names and Street Addresses of Managing Members/Man Name of Managing Members/Managers Street Address of Each Managing Member/Manager City / State / Zip David M Blow 39 W Lowder Street #1381 Macclenny, FL 32063 Mar 500227542665 0470\$/12==01027==014 ***\$16.25 APR 10 2012 L. SELLERS 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 Typed or printed name of signing Managing Member/Manager