PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 AUG 31 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 2007-10 884

CR2E041 (05/10)

DOCUMENT # L04000005885

1. Limited Liability Company's Name
BEN WEAVER ELECTRIC LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1220 ILLINOIS AVE	P.O. BOX 16161
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: LYNN HAVEN, FL	City & State: PANAMA CITY, FL
Zip: 32444 Country: USA	Zip: 32406 Country: USA

4. State/Country of Formation: FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida:
6. FEI Number: 13-4227415 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☒ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: BEN A. WEAVER
Street Address (P.O. Box Number is Not Acceptable): [redacted] 1220 ILLINOIS AVE
Suite, Apt. #, Etc:
City: [redacted] LYNN HAVEN State: FL Zip Code: 32444

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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: Ben A Weaver
REGISTERED AGENT MUST SIGN
Date: 6/29/2010

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
Mgrm.	Ben A Weaver	1220 ILLINOIS AVE LYNN HAVEN, FL 32444	LYNN HAVEN, FL 32444

11. E-mail Address: BWEAVERELECTRIC@AOL.COM
(To receive future annual report notifications)

12. 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.

Signature of Managing Member/Manager: Ben A Weaver Date: 6/29/2010 Daytime Phone #: 850-596-3461

Typed or printed name of signing Managing Member/Manager: