

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

13 JUN 28 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000013056

1. Limited Liability Company's Name

Electrical Masters LLC

KS

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #

3120 SW 144 Ave

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

33175

Country

U.S.A

Zip

Country

4. State/Country of Formation

Florida, U.S.A

5. Date Organized or Qualified  
To Do Business in Florida

2-18-2004

6. FEI Number

710961287

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

Johnny G Farias

Street Address (P.O. Box Number is Not Acceptable)

3120 SW 144 Ave

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

E-mail Address:

700249358537

06/28/13--01016--002 \*\*238.75

electricalmasters@gmail.com

(To be used for future annual report notices)

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

Date

6/25/13

REGISTERED AGENT MUST SIGN

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
mm	Johnny Farias	3120 SW 144 Ave	MIAMI FL 33175

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

Date

6/25/13

Daytime Phone #

786 286 7815

Typed or printed name of signing Managing Member/Manager