PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 07 JAN -2 AM 9:08

DOCUMENT # L04000028693

1. Limited Liability Company's Name

EXCALIBER ELECTRIC LLC

CR2E041 (8/05)

2. Principal Office Address
1420 SW 28th AVE

3. Mailing Office Address
1420 SW 28th AVE

4. State/Country of Formation
FL   PALM

Suite, Apt. #, etc.
UNIT 7

Suite, Apt. #, etc.
UNIT 7

5. Date Organized or Qualified To Do Business in Florida
SEPT, 30   2003

City & State
BOYNTON   FL

City & State
BOYNTON   FL

6. FEI Number
315-66-4237

☐ Applied For
☐ Not Applicable

Zip
33426

Country
PALM

Zip
33426

Country
PALM

7. CERTIFICATE OF STATUS DESIRED ☑ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
JAMES L STOLL JR

Street Address (P.O. Box Number is Not Acceptable)
1420 SW 28th AVE

Suite, Apt. #, Etc.
UNIT 7

City
BOYNTON

State
FL

Zip Code
33426

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 12-27-06

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
OWNER	JAMES L STOLL JR	1420 SW 28th AVE UNIT 7	BOYNTON FL 33426
			200082904292 01/02/07--01037--007 **255.00
		REINSTATEMENT 05-07	

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.

Signature of Managing Member/Manager _____ Date 12-27-06 Daytime Phone # 1-561-704-7569

Typed or printed name of Signing Managing Member/Manager _____