



# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # L04000055097</b> 1. Entity Name <b>PROGRESSIVE WIRE &amp; ELECTRICAL, LLC</b>						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS <b>05 OCT. 13 AM 9:11</b>	
Principal Place of Business <b>8626 FANTASIA PARK WAY RIVERVIEW, FL 33569 US</b>				Mailing Address <b>8626 FANTASIA PARK WAY RIVERVIEW, FL 33569 US</b>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 1780</b> Suite, Apt. #, etc.					
City & State Zip		City & State <b>Riverview FL</b> Zip <b>33568</b>		Country <b>USA</b>		4. FEI Number <b>10112005 REIN:LLC CR2E101(6/04)</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$5.00 Additional Fee Required		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent <b>REED, JOHN M 8626 FANTASIA PARK WAY RIVERVIEW, FL 33569</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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 <u>John M Reed (MGRM)</u> <u>John M REED</u> <u>10/11/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>FILE NOW!!! FEE IS \$150.00 After January 1, 2006, Fee will be \$200.00</b>				<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, JOHN M 8626 FANTASIA PARK WAY RIVERVIEW, FL 33569			TITLE NAME STREET ADDRESS CITY-ST-ZIP	10/13/05--01034--008 <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>REINSTATEMENT 2005</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>John M Reed (MGRM)</u> <u>John M REED</u> <u>10/11/05</u> <u>479-4006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>							