

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 30 AM 10:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400164063794
12/30/09--01037--002 **277.50

CR2E041 (11/09)

DOCUMENT # 204000094432
1. Limited Liability Company's Name
George McLendon Electric Service LLC

2. Principal Office Address - No P.O. Box #
751 Bellevue Ave.
Suite, Apt. #, etc.
City & State
Daytona Beach, Fla.
Zip
32114 Country
FLORIDA

3. Mailing Office Address
Same As #2
Suite, Apt. #, etc.
City & State
Zip Country

4. State/Country of Formation
Fla. Volusia

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 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
George McLendon
Street Address (P.O. Box Number is Not Acceptable)
751 Bellevue Ave.
Suite, Apt. #, Etc.
City
Daytona Beach State
FL Zip Code
32114

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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 George McLendon Date 12/28/09
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
Mgr	George McLendon	751 Bellevue Ave	Daytona Beach FL 32114

REINSTATEMENT 08-09
OK 12-31-09

11. E-mail Address: will supply later
(To be used for 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 808.406, 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 George McLendon