PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
16 JAN -4 PM 3:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000005005

1 Limited Liability Company's Name
Millennium Electrical Contractors, LLC

CR2E041 (1/14)

2 Principal Office Address - No P.O. Box #	3 Mailing Office Address
6661 Southpoint Pkway	6661 Southpoint Pkway
Suite Apt. #, etc	Suite Apt. #, etc
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32216 Country: Duval	Zip: 32216 Country: Duval

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: 2005
6. FEI Number: 20-2247797 ☐ 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: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable) Suite:
1200 South Pine Island Road
Apt. #, Etc:
City: Plantation State: FL Zip Code: 33324

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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 605, F.S.

Signature of Registered Agent: _____ REGISTERED AGENT MUST SIGN Angel Nunez Assistant Secretary Date: 1/4/16

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Richard Johnston	6661 Southpoint Parkway	Jacksonville, Fl 32216

REINSTATEMENT

JAN 04 2016
R. HUNT

11. E-mail Address: rjohnston@melectrical.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 authorized representative/member: _____ Date: 12/23/2015 Daytime Phone #: 904-636-7575

Typed or printed name of signing authorized representative/member: Richard Johnston