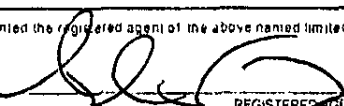
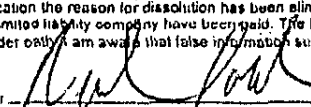


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000005005 1. Limited Liability Company's Name Millennium Electrical Contractors, LLC			
2. Principal Office Address - No P.O. Box # 6661 Southpoint Pkwy Suite Apt. #, etc.		3. Mailing Office Address 6661 Southpoint Pkwy 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 REQUIRED ☒ \$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			
9. I am appointing 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:  Angel Nunez REGISTERED AGENT MUST SIGN Assistant Secretary Date 1/4/16			
10. Names and Street Addresses of Authorized Representative Managers			
Titles	Name of Authorized Representative/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 taxes 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			

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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