PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT	S	DEPARTMEN ecretary of S			FILED OCT-6 AM 8: 07	
DOCUMENT # L 0 5 0 0 0 0 6 0 6 3 4 1. Limited Liability Company's Name				SECRETARY OF STATE TALLAHASSEE FLORIDA		
Delta Starr Electric Company, LLC			3 00161182493 09/30/0901034006 **382.50			
2. Principal Office Address - No P.O. Box#	ffice Address			CR2E041 (10/08)		
·		and the second s		4. State/Coun	try of Formation	
Sulte, Apt. #, etc. Suite, Apt. #,		etc. Flori		Flori	ida / U.S.A.	
	5. Date Organized or Qualified To Do Business in Florida 6/17/2005					
		ord, fL		6. FEI Number 20 -		
32771 U.S.A.	32771 Country U. S. A.			CERTIFICATE OF STATUS DESIRED S 500 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent						
Name James E. Shepherd Jr.				A \$100 reinstatement fee is imposed, except in circumstances which the entity did not		
Street Address (P.O. Box Number is Not Acceptable)				receive the prior notices. By checking this		
Suite, Apt. #, Etc.				box, you are certifying the prior notices were not received and requesting the \$100		
City Sanford	State	Zip Code 3 2 7 7 1	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 Date 9/28/2009 REGISTEREDAGENT 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 / Zlp	
MGRM James E. Sheph	erd Jr.	904 W	illow Ave.	,	Sanford, FL 32771	
				1 0	FILERS	
DEINCTATEM		L. OLLLIIO				
REINSTATEM	CIVI	0809		00	-7 2009	
		EXA			MINER	
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 608.408, 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 Signature of Managing Member/Manager Signature of Signing Managing Member/Manager Shepherd Tr.						
Typed or printed name of signing Managing Member/Manager James E. Shepherd Jr.						