

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 NOV 13 PM 2: 26

CR2E041 (10/08)

DOCUMENT #

1. Limited Liability Company's Name

L05000081770

State Energy Conservation, LLC

2. Principal Office Address - No P.O. Box #

108 Commerce St #105

Suite, Apt. #, etc.

#105

City & State

Lake Mary, FL

Zip

32746

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida, US

5. Date Organized or Qualified
To Do Business in Florida

8/18/05

6. FEI Number

203323757

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

Richard Shane Ackerman

Street Address (P.O. Box Number is Not Acceptable)

108 Commerce St.

Suite, Apt. #, Etc.

#105

City

Lake Mary

State

FL

Zip Code

32746

☒ 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

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/4/08

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 |
|--------|--------------------------------------|---|---------------------|
| Pres | Richard Shane Ackerman | 260 Via Tuscan Loop | Lake Mary, FL 32746 |
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REINSTATEMENT 07-08

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 608.406, 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

[Signature]

Date

11/4/08

Daytime Phone #

407-268-9180

Typed or printed name of signing Managing Member/Manager

Richard Shane Ackerman