

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 OCT 30 PM 12:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000102825

1. Limited Liability Company's Name

TEX ELECTRIC, LLC

200111503828
10/30/07--01055--017 **205.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 820 FORESTWOOD DR		3. Mailing Office Address 820 FORESTWOOD DR	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State CLERMONT, FL		City & State CLERMONT, FL	
Zip 34711	Country USA	Zip 34711	Country USA

4. State/Country of Formation FL, USA	
5. Date Organized or Qualified To Do Business in Florida 10/19/2005	
6. FEI Number 68-0616648	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
DIONICIO NOYOLA

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

Suite, Apt. #, Etc.

City
CLERMONT

State
FL

Zip Code
34711

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 *Dionicio Noyola* Date 10-29-07

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	DIONICIO NOYOLA	820 FORESTWOOD DR.	CLERMONT, FL 34711

REINSTATEMENT 06-07

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 *Dionicio Noyola* Date 10-29-07 Daytime Phone# 352 615 1530

Typed or printed name of signing Managing Member/Manager _____