

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

Suite, Apt. #, etc.

City & State
CLERMONT, FL

Zip
34711

Country
USA

3. Mailing Office Address
820 FORESTWOOD DR

Suite, Apt. #, etc.

City & State
CLERMONT, FL

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 ☒ \$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

[Signature]

REGISTERED AGENT MUST SIGN

Date **10-29-07**

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

[Signature]

Date

10-29-07

Daytime Phone #

3526151530

Typed or printed name of signing Managing Member/Manager