2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED SECRETARY OF STATE DOCUMENT #L06000026779 DIVISION OF CORPORATIONS 1. Entity Name SOUTHEAST HEAT & A/C, LLC 07 OCT 23 PM 2: 06 Principal Place of Business Mailing Address 1835 B SOUTH RIDGEWOOD AVENUE 1835 B SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119 SOUTH DAYTONA, FL 32119 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 10032007 REIN-LLC CR2E101 (1/07) Applied For City & State City & State 4. FEI Number 22-3922404 Not Applicable Zìp Country \$5.00 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROBERT G. TROUP SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4343-A RIDGEWOOD AVE 4TH FLOOR MIAMI, FL 33145 City PORT ORANGE this elatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept ROBERT G. TROUP 10/03/2007 SIGN (NOTE: Registered Agent signature required when reinstating registered agent and title if applicable Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited FILE NOW!! FEE IS \$50.00 liability company did not receive the prior notice. Florida Department of State After January 1, 2008, Fee will be \$100.00 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR ☐ Delete ☐ Change ☐ Addition TITLE TITLE CARLTON HOWARD 400111212964 10/23/07--01040--020 **50 NAME NAME STREET ADDRESS 1835 B SOUTH RIDGEWOOD AVENUE STREET ADDRESS **50.00 CITY-ST-ZIP SOUTH DAYTONA, FL 32119 CITY-ST-ZIP MGR ☐ Delete ☐ Change Addition TITLE DITTMAN, ROBERT NAME NAME 1835 B SOUTH RIDGEWOOD AVENUE STREET ADDRESS STREET ADDRESS SOUTH DAYTONA, FL 32119 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE REMSTATEURNT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

STREET ADDRESS

CITY-ST-7IP

TITLE NAME

GNATURE: MULLING HOWARD Carlton, MGR 10/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

10/03/07

(386) 761-5216

☐ Change

☐ Addition