PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY		FLORIDA DEPAI Secreta	ry of S	State		FILE	D
REINSTATEMENT		DIVISION OF	CORPU		_	10 JAN 26 AM	1 8: 26
DOCUMENT # LO6000110946 1. Limited Liability Company's Name					SECRETARY OF STATE		
Electrical Services Plus, LLC							
					300166943223 01/22/1001016019 **377.50 CR2E041 (11/09)		
2. Principal Office Address - No	3. Mailing Office Adda			<u> </u>			
1970 River Reach Suite, App #, etc.	4001 Santa Barbara BIVOL. Suite, Apt. Detc.			State/Country of Formation			
187	323			5. Date Organized or Qualified To Do Business in Florida			
City & State	City & State			6. FEI Number Applied For			
Naples, Florida Zip Country		Naples, Florida Zip Country		26-3643706 Not Applicable			
	llier	34/04		pllier	7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status		
8. Name and Address of Current Registered Agent							
Jerry A. Phillins					☐ 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		
1970 Bluer Reach Dr. Suite, ADDA, Etc.					box, you are certifying the prior notices were not received and requesting the \$100		
/87					reinstatement be waived.		
City Nuples		State FL	Zip Code 34164				
9. I, being appointed the registe	red agent of the abov	e named limited liability	company,	am familiar with and	d accept the obligat	ions of Chapter 608, F.S.	
Signature of Registered Agent Jerry Williams, Prosident Date 1-20-2010 REGISTERED AGENT MUST SIGN							
10. Names and Street Address	es of Managing Mem	bers/Managers		· · · · · · · · · · · · · · · · · · ·			
Titles Name of Managing Members/Managers			Street Address of Each Managing Member/Manager			City / S	itate / Zip
Pres Jerry A. Phillips			1970 River Reach Dr. Ast. 187			Maples, Flo	rlag 34/04
							-
							JB
					TEINIATA		
				r	iend!	TEMENT 2	009-10
11. E-mail Address: Jphillips espraples, Com (To be used for future annual report notifications)							
12. 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 filting 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 Jenny William Phrsident Date 1-20-20/0 Daytime Phone (234) 774-3146							
Typed or printed name of signing Managing Member/Manager							