

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 NOV -3 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

900162393049
11/02/09--01034--013 **377.50 ✓

CR2E041 (10/08)

DOCUMENT # L07000072747

1. Limited Liability Company's Name

D. Soil Electric

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

9936 Gardens E

Suite, Apt. #, etc.

PKW

3. Mailing Office Address

1918 Juno Road

Suite, Apt. #, etc.

City & State

Palm Beach Gardens

City & State

North Palm Beach

Zip

33410

Country

USA

Zip

33408

Country

USA

4. State/Country of Formation

Palm Beach

**5. Date Organized or Qualified
To Do Business in Florida**

7/13/2007

6. FEI Number

26-1599793

☐ 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

David Edward Soil

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

9936 Gardens EAST PKWY

Suite, Apt. #, Etc.

City

Palm Beach Gardens

State

FL

Zip Code

33410

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**

David E. Soil

REGISTERED AGENT MUST SIGN

Date 10/30/2009

☐ 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.

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/manager	David Soil	9936 Gardens E PKWY	PBG, FL

REINSTATEMENT 2008-2009

nc 11/4/09

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**

David E. Soil

Date 10/30/09

Daytime Phone #

(561) 512 3319

Typed or printed name of signing Managing Member/Manager

David Soil