

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

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| DOCUMENT # L07000111666                              |  |
| 1. Entity Name<br>SPE UTILITY CONTRACTORS FD, L.L.C. |  |



FILED  
09 MAR 06 AM 9:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| Principal Place of Business<br>814 AIA NORTH<br>200<br>PONTE VEDRE BEACH, FL 32082 US | Mailing Address<br>814 AIA NORTH<br>200<br>PONTE VEDRE BEACH, FL 32082 US |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

02192009 REIN-LLC CR2E101 (1/07)

|   |   |
|---|---|
| 4. FEI Number   | Applied For<br><input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required                                    |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br>POSTILL, LORIE<br>814 AIA NORTH<br>200<br>PONTE VEDRA BEACH, FL 32082 |  |
|--|--|

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

|  |  |      |
|--|--|------|
| SIGNATURE<br>Signature, typed or printed name of registered agent and title if applicable. | (NOTE: Registered Agent signature required when reinstating) | DATE |
|--|--|------|

FILE NOW!!! FEE IS \$377.50

Make check payable to  
Florida Department of State

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |  |
|--|---|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM CEO<br>POSTILL, LORIE<br>240 SE 10TH STREET<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 400145167084<br>03/06/09--01043--007 ***377.50 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>POSTILL, DAVID P<br>240 SE 10TH STREET<br>POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | REINSTATEMENT 2008 - 2009 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | nc 3/10/09 <input type="checkbox"/> Change <input type="checkbox"/> Addition                                     |

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.

|            |               |                 |
|------------|---------------|-----------------|
| SIGNATURE: | Date: 10/5/08 | Daytime Phone # |
|------------|---------------|-----------------|