PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 MAY 15 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT # L08000083350

1. Limited Liability Company's Name
Hamel Mechanical LLC ~~Document #L08000083350~~

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
8524 Fortune Road		8524 Fortune Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Milton, FL		City & State: Milton, FL	
Zip: 32583	Country	Zip: 32583	Country

4. State/Country of Formation: Fl, United States of America

5. Date Organized or Qualified To Do Business in Florida: 09/02/2008

6. FEI Number: 263286598 — ☐ 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: Marvin J. Hamel

Street Address (P.O. Box Number is Not Acceptable): 8524 Fortune Road

Suite, Apt. #, Etc.:

City: Milton — State: FL — Zip Code: 32583

700260277257
05/15/14--01031--010 **793.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: [signature] — Date: 05-29-2014

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Marvin J. Hamel	8524 Fortune Road	Milton, FL 32583
	JUN 4 2014		
	L SELLERS		~~L04-31431~~
		REINSTATEMENT	2010-2014

11. E-mail Address: marvinihamel@bellsouth.net
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: [signature] — Date: 04/30/2014 — Daytime Phone #: (850)232-9856

Typed or printed name of signing Authorized Representative/Manager: Marvin J. Hamel