

SECRET

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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

Hdw Electric
363 Cherokee, Dr.
Havana A. Fl. 32333

363 Cherokee D

Same

~~SECRET~~

City & State

Havana FL

32333

Gasden

Country of Full
Leon

6. FEI Number

<input checked="" type="checkbox"/>	Applied For
<input type="checkbox"/>	Not Applicable

7. CERTIFICATE OF STATUS DESIRED

**\$5.00 Additional Fee required
for a Certificate of Status**

Name _____

Name Samuel Garrett McMilligan

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

363 Cherokee D
Suite, Apt. #, Etc.

Suite, Apt. #, Etc.

City '

Havana

State

FL

Zip Code

32333

300246120193
03/27/13--01001--001 **655.00

(To be used for future annual report notices)

Signature of Registered Agent Carvell A. McMillian

Date 3-26-13

REGISTERED AGENT MUST SIGN

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
<i>Hgrm</i>	<i>Carroll A. McMillian</i>	<i>363 Cherokee Dr</i>	<i>Hawale FL 32833</i>
			MAR 26 2013
			T. SCOTT

MAR 26 2013

REINSTATEMENT 10-13 T. SCOTT

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

**Signature of Managing
Member/Manager** *(Signature)*

Barrell A. McMillan

Date 3-26-13

Daytime Phone # 858 228-1868

Typed or printed name of signing Managing Member/Manager

Carroll A. McMillian