

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

11 JUL -1 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000017192

1. Limited Liability Company's Name

King Construction and Energy Management LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box # 581 Holyoke Court		3. Mailing Office Address 581 Holyoke Court	
Suite, Apt. #, etc. Apt. C		Suite, Apt. #, etc. Apt. C	
City & State Tallahassee, FL		City & State Tallahassee, FL	
Zip 32310	Country USA	Zip 32310	Country USA

4. State/Country of Formation Florida / USA	
5. Date Organized or Qualified To Do Business in Florida 02/20/2009	
6. FEI Number 32-0275643	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Robert S. Garrett III			
Street Address (P.O. Box Number is Not Acceptable) 581 Holyoke Court			
Suite, Apt. #, Etc. Apt C			
City Tallahassee		State FL	Zip Code 32310

E-mail Address:

900209586839
07/05/11--01001--002 **377.50
king_const.energy@yahoo.com
(To be used for future annual report notices)

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

[Signature]

REGISTERED AGENT MUST SIGN

Date *[Signature]* 7-1-2011

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
MGRM	Robert S. Garrett, III	581 Holyoke Ct., Apt C	Tallahassee, FL 32310

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]

Date **7-01-2011**

Daytime Phone # **850-459-5328**

Typed or printed name of signing Managing Member/Manager