

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 DEC 31 PM 5:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L13000146525

1. Limited Liability Company's Name

ELECTRIC PRO LLC

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

965 S. FOREST CREEK DRIVE

Suite, Apt. #, etc.

N/A

City & State

ST. AUGUSTINE, FLORIDA

Zip

32092

Country

FLORIDA
USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

1

City & State

ST. AUGUSTINE, FLORIDA

Zip

32092

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA - SAINT JOHNS

5. Date Organized or Qualified

To Do Business in Florida OCTOBER 17, 2013

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

000280571070
01/04/16--01039--003 **238.75

8. Name and Address of Current Registered Agent

Name

DONNIE WAYNE PEARCE SR.

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

965 S. FOREST CREEK DRIVE

Apt. #, Etc.

N/A

City

SAINT AUGUSTINE

State

FL

Zip Code

32092

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

Donnie W. Pearce Sr.

Date 12/31/15

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
OWNER ALB	DONNIE W. PEARCE SR.	965 S. FOREST CREEK DR.	ST AUGUSTINE, FL
	965 S. FOREST CREEK DR.		32092
	ST. AUGUSTINE, FLORIDA		
	32092		

11. E-mail Address:

bch buddies @ AOL . COM

(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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Donnie W. Pearce Sr.

Date

12/31/15

Daytime Phone #

(919) 302-4874

Typed or printed name of signing authorized representative/member

DONNIE W. PEARCE SR.

DEC 31 2015
M. WILLIAMS