PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2018 FEB -6 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (12/13)

DOCUMENT # L13000157678

1. Limited Liability Company's Name
Brite Electrical Services & Testing, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6187 Bethany Dr.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Crestview, FL.	City & State
Zip: 32539 / Country	Zip / Country

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number ☐ 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: James R. Shaffer Jr.

Street Address (P.O. Box number is Not Acceptable): 6187 Bethany Dr

Suite, Apt. #, Etc.

City: Crestview | State: FL | Zip Code: 32539

E-mail Address:

(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 605, F.S.

Signature of Registered Agent: James R. Shaffer Jr. Date: 1/6/18
REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	James R. Shaffer Jr.	6187 Bethany Dr.	Crestview, FL. 32539
AMBR	Luke I Vance	715 Valley Rd	Crestview, FL. 32539
AMBR	Jacques P. Savard	930 Gatekeeper Dr. ~~110 Kit Drive~~	Destin, FL. 32542

REINSTATEMENT RCK

11. I certify that I am an authorized person 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 requirements of Chapter 605, 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 Person: James R. Shaffer Jr. Date: 1/6/18 Daytime Phone #: 850-612-3332

Typed or printed name of signing Authorized Person