

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2020 FEB 11 AM 8:18

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Limited Liability Company's Name

FAMILY ELECTRIC LLC
L14000028071

700140610887
12/11/2019 17:03:22 ***238.75

CR2E041 (1/14)

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

4960 NW. 2ND CT.

Suite, Apt. #, etc

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3. Mailing Office Address

4960 NW. 2ND CT.

Suite, Apt. #, etc

—

4. State/Country of Formation

FL. / USA

5. Date Organized or Qualified
To Do Business in Florida

2/19/14

6. FEI Number

47-2842929

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

City & State

Boca Raton FL.

City & State

Boca Raton FL.

Zip

33431

Country

USA

Zip

33431

Country

USA

8. Name and Address of Current Registered Agent

Name

BRENT PAGLIARO

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

4960 NW. 2ND CT.

Apt. #, Etc

—

City

Boca Raton

State

FL

Zip Code

33431

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]

REGISTERED AGENT MUST SIGN

Date 2/7/2020

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
MGR	BRENT PAGLIARO	4960 NW. 2ND CT	BOCA RATON FL. 33431

11. E-mail Address:

bdpagliaro@gmail.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

[Signature]

Date

2/7/2020

Daytime Phone #

561-350-1999

To be completed only if signing authorized representative/manager

BRENT PAGLIARO

T MOORE
FEB 19 2020