PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2021 JAN 20 AM 11:59
SECRETARY OF STATE
TALLAHASSEE, FL

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01/20/21--01027--033 **517.00

DOCUMENT # L15000094229

1 Limited Liability Company's Name
MAB ELECTRICS LLC

2 Principal Office Address - No P.O. Box #	3. Mailing Office Address
3071 BATTS ST	3071 BATTS ST
Suite Apt # etc: F4	Suite Apt # etc: F4
City & State: KISSIMMEE, FL	City & State: KISSIMMEE
Zip: 34741 Country: USA	Zip: 34741 Country: USA

CR2E041 (1/14)

4. State/Country of Formation: FLORIDA USA

5 Date Organized or Qualified To Do Business in Florida: 05/28/2015

6 FEI Number: 47-4143518 ☐ 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: MARCOS A BIELOSTOZKY

Street Address (P.O. Box Number is Not Acceptable) Suite: 3071 BATTS ST

Apt #, Etc: F4

City: KISSIMMEE State: FL Zip Code: 34741

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 _____ Date 01/12/2021

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
AMBR	MARCOS A BIELOSTOZKY	3071 BATTS ST F4	KISSIMMEE, FL 34741
			JAN 21 2021

11 E-mail Address _____

(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 _____ Date 01/12/2021 Daytime Phone # 407-334-1711

Typed or printed name of signing authorized representative/member MARCOS A BIELOSTOZKY