PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED

2019 APR 23 AM 7:38

SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L17000178061

1. Limited Liability Company's Name

KING VOLT ELECTRIC LLC

4UU32B3:75244
04/23/19--01005--034 **877.50

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
101 NE 21ST CT	101 NE 21ST CT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: POMPANO BEACH, FL	City & State: POMPANO BEACH, FL
Zip: 33060 Country: USA	Zip: 33060 Country: USA

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 08/21/2017

6. FEI Number: 38-4046388 ☐ 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: CARLOS A MANZANAREZ LOPEZ

Street Address (P.O. Box Number is Not Acceptable) Suite:
101 NE 21ST CT

Apt. #, Etc.

City: POMPANO BEACH | State: FL | Zip Code: 33060

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 04/17/2019

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	MANZANAREZ LOPEZ, CARLOS A	101 NE 21ST CT	POMPANO BEACH, FL 33060
AMBR	AGUILAR VELASCO, RANULFO	101 NE 21ST CT	POMPANO BEACH, FL 33060
AMBR	ANITA PORTILLO, EDGAR J	101 NE 21ST CT	POMPANO BEACH, FL 33060
AMBR	LOPEZ VAZQUEZ, ALEJANDRO	101 NE 21ST CT	POMPANO BEACH, FL 33060

11. E-mail Address: PLUZQUINOJF@HOTMAIL.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 _____ Date 04/17/2019 Daytime Phone # (954) 305-7671

Typed or printed name of signing authorized representative/member _____

K. ASHTON