2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 10:09

DOCUMENT # M04000002235

1. Entity Name
MILLER MECHANICAL CONTRACTORS AND ENGINEERS, LLC

Principal Place of Business	Mailing Address
~~1360 POWERS FERRY ROAD, SUITE 135~~ ~~MARIETTA, GA 30067~~	~~1360 POWERS FERRY ROAD, SUITE 135~~ ~~MARIETTA, GA 30067~~

03302006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business	3. Mailing Address
1976 Airport Ind. Park Dr.	1976 Airport Ind. Park Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Marietta, GA	City & State: Marietta, GA
Zip: 30060 Country: USA	Zip: 30060 Country: USA

4. FEI Number: 20-0673776 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~LANE, STEVE~~ ~~5817 ERHARDT DR~~ ~~RIVERVIEW, FL 33569~~	Name: Steve Lane Street Address (P.O. Box Number is Not Acceptable) 5815 Erhardt Dr. City: Riverview FL Zip Code: 33569

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Steve A Lane — 3/30/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MILLER, JOSEPH H 1360 POWERS FERRY ROAD, SUITE 135 MARIETTA, GA 30067	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition P Miller, Joseph E. 1976 Airport Ind. Park Dr. Marietta, GA 30060
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 05-06
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900073723389 05/02/06--01046--018 **150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 3/30/06 770952-3864
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #