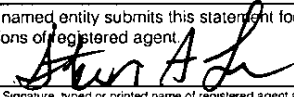
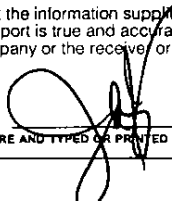


2006 LIMITED LIABILITY COMPANY REINSTATEMENT

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 1360 POWERS FERRY ROAD, SUITE 135 MARIETTA, GA 30067			Mailing Address 1360 POWERS FERRY ROAD, SUITE 135 MARIETTA, GA 30067		
2. Principal Place of Business 1976 Airport Ind. Park Dr. Suite, Apt. #, etc.		3. Mailing Address 1976 Airport Ind. Park Dr. Suite, Apt. #, etc.			
City & State Marietta, GA Zip 30060		City & State Marietta, GA Zip 30060		4. FEI Number 20-0673776	
Country USA		Country USA		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent LANE, STEVE 5817 ERHARDT DR RIVERVIEW, FL 33569			7. Name and Address of New Registered Agent 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 				DATE 3/30/06	
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: 				DATE 3/30/06 DAYTIME PHONE # 770-952-3864	