PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. LIMITED LIABILITY FLORIDA DEPARTMENT OF STATE **COMPANY** Secretary of State REINSTATEMENT DIVISION OF CORPORATIONS DOCUMENT # M 04000002589 HALL ELECTRIC, LLC 400227706024 04/06/12--01035--005 **516.25 CR2E041 (1/11) 2. Principal Office Address - No P.O. Box # 4. State/Country of Formation 5. Date Organized or Qualified 12004 To Do Business in Florida Applied For 6. FEI Number Not Applicable \$5.00 Additional Fee required CERTIFICATE OF STATUS DESIRED Name and Address of Current Registered Agent Name E-mail Address: Suite, Apt. #. Etc. Toubug 1952 @ Aol. com
(To be used for future annual report notices) Zip Code 9. I, being appointed the registered agent of the appoint armed limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent 10. Names and Street Addresses of Managing Members/Managers Street Address of Each Managing Member/Manager Name of Managing Members/Managers City / State / Zip ALAN R. HALL MGRAI 1RREINSTATEMENT 2010-12 11 | Certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, 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 requirements of section 608.406, 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.617.155, F.S. Signature of Managing Member/Manager Typed or printed name of signing Managing Member/Manager