M05000006972

Florida Department of State

Division of Corporations
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To:
Division of Corporations
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From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
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LS

LIMITED LIABILITY REINSTATEMENT

ENSERV SOUTH CENTRAL, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$205.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT

CR2E041 (1/07) 06-07

DOCUMENT # M05000006972

1. Limited Liability Company's Name
Enserv South Central, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
6565 West Loop South		6565 West Loop South	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 400		Suite 400	
City & State		City & State	
Bellaire, TX		Bellaire, TX	
Zip	Country	Zip	Country
77401	USA	77401	USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business In Florida 12/20/2005

6. FEI Number
113725762
☐ Applied For
☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

☐ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Jane Zachritz Assistant Secretary Date 5/29/07
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Man	Enserv, LLC	6565 West Loop South, Suite 400	Bellaire, TX 77401

11. I 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 608.408, 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.

Signature of Managing Member/Manager _____ Date 05/29/07 Daytime Phone # 713-580-4000

Typed or printed name of signing Managing Member/Manager Michael M. Fields

RL1S - 1/1/07 CT System Online