M05000006972

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LIMITED LIABILITY REINSTATEMENT

ENSERV SOUTH CENTRAL, LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	$238.75

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EXAMINER

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

CR2E041 (8/05)

DOCUMENT # M05000006972

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

2. Principal Office Address		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		Bellaire	
Zip	Country	Zip	Country
TX	77401	TX	77401

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 ☐ $30.00 Additional Fee required for Certificate of Status

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	State	Zip Code
Plantation	FL	33324

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
REGISTERED AGENT MUST SIGN Assistant Secretary
Date 11/4/08

10. Names and Street Addresses of Managing Members/Managers

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

REINSTATEMENT
2008

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 Phil Walters Date 11/03/08 Daytime Phone# 713-580-4000

Typed or printed name of signing Managing Member/Manager Phil Walters, Authorized Representative of MGRM

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