

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 MAR 17 PM 12:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800145998828  
03/17/09--01018--001 \*\*416.25

CR2E041 (10/08)

DOCUMENT # MD06000002507

1. Limited Liability Company's Name

FTL Electric LLC

2. Principal Office Address - No P.O. Box #

8161 Regent Pkwy

Suite, Apt. #, etc.

Suite 101

City & State

Fort mill, SC

Zip

29715

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Same

Zip

Country

4. State/Country of Formation

SC/USA

5. Date Organized or Qualified  
To Do Business in Florida

5/4/06

6. FEI Number

20 4571088

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Rick Reddick

Street Address (P.O. Box Number is Not Acceptable)

3014 US Highway 301

Suite, Apt. #, Etc.

Suite 800

City

Tampa

State

FL

Zip Code

33619

☒ 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

Rick Reddick

Date 3/13/09

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
<u>mgrm</u>	<u>Jeff Husta</u>	<u>437 SilverCypress Lane</u>	<u>Fort mill, SC 29708</u>

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 608.406, 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.

Signature of  
Managing Member/Manager

Jeff Husta

Date 3/13/09

Daytime Phone # 803-802-6613

Typed or printed name of signing Managing Member/Manager

Jeff Husta