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Florida Department of State
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LIMITED LIABILITY REINSTATEMENT
PALMETTO ENGINEERING AND CONSULTING, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

REINSTATEMENT
2009-2011

J. SAULSBERRY
EXAMINER

MAY 6 2011

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M07000006337

1. Limited Liability Company's Name

PALMETTO ENGINEERING AND CONSULTING, LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
709 Hwy 17	3504-320 Highway 153
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Piedmont, SC	City & State: Greenville, SC
Zip: 29673 Country: Anderson	Zip: 29611 Country: Greenville

4. State/Country of Formation: SC

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 75-3218929 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $30.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: AGENTS AND CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable): 300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.: SUITE 101-330

City: NAPLES State: FL Zip Code: 34102

E-mail Address:

Kim.miller@PalmetEng.com
(To be used for future annual report notices)

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: By: John Williams, V.P. Date: 4/29/11
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
MGRM MBM	Charles Stewart	709 Hwy 17	Piedmont SC 29673
MGRM MBM	Gregg Hughes	709 Hwy 17	Piedmont SC 29673
MGRM MBM	George Wyatt	709 Hwy 17	Piedmont SC 29673
MGRM MBM	Chris Roland	405 HC Bayson	St. Matthews, SC 29135
MGRM MBM	Robert Richardson	405 HC Bayson	St. Matthews, SC 29135

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. 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.817.155, F.S.

Signature of Managing Member/Manager: Date: 4/29/11 Daytime Phone #: 864-295-3180

Typed or printed name of signing Managing Member/Manager