

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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FILED

14 JUN 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

DOCUMENT #
1. Limited Liability Company's Name
M07000006337
PALMETTO ENGINEERING AND CONSULTING, LLC

2. Principal Office Address - No P.O. Box # 709 HIGHWAY 17 Suite, Apt. #, etc.		3. Mailing Office Address 3504-320 HIGHWAY 153 Suite, Apt. #, etc.	
City & State PIEDMONT, SC		City & State GREENVILLE, SC	
Zip 29673	Country USA	Zip 29611	Country USA

4. State/Country of Formation SOUTH CAROLINA	
5. Date Organized or Qualified To Do Business in Florida 2011 Florida (7/11/2006 SC)	
6. FEI Number 753218929	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

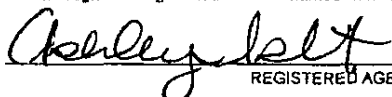
8. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY		
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32301

700261111647
06/10/14--01019--027 **100.00

700261111647
06/26/14--01006--018 **277.50

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

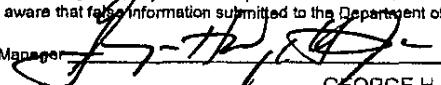
Signature of Registered Agent  **Ashley Isbert**
Assistant Vice President
REGISTERED AGENT MUST SIGN Date 5/28/14

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
AR	George H. Wyatt, Jr.	709 Highway 17	Piedmont, SC 29611
AR	Bruce L. Smith	709 Highway 17	Piedmont, SC 29611
AR	Dennis Beauford	709 Highway 17	Piedmont, SC 29611
AR	Scott Hall	709 Highway 17	Piedmont, SC 29611
AR	Chris Roland	3201 Bridge Street	Saint Matthews, SC 29135

11. E-mail Address: DEBORAH.LOFTIS@PALMETTOENG.COM
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager  Date 5/28/2014 Daytime Phone # 864-846-8156

Typed or printed name of signing Authorized Representative/Manager GEORGE H. WYATT, JR.

K. ASHTON