

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 12 PM 12:36

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000000974

Name and Mailing Address

0012992 01 AT 0.292 **AUTO T7 0 0615 33487-334753



REKCO LLC
3594 S. OCEAN BLVD., STE. 603
HIGHLAND BEACH FL 33487-3347



09/23/03 503268900522 90024 026 \$50

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 01/14/2002

Principal Place of Business
3594 S. OCEAN BLVD., STE. 603
HIGHLAND BEACH FL 33487

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVE., STE. 125
CORAL GABLES FL 33146

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

SIGNATURE REQUIRED

Date

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	LEVITSKY, MITCHELL	3594 S. OCEAN BLVD., STE. 603	HIGHLAND BEACH FL 33487

12. 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

SIGNATURE REQUIRED

Date

06-17-03

Daytime Phone #

861-702-6923

Typed or printed name of signing Managing Member/Manager

MITCHELL LEVITSKY

282

Mitchell Levitsky

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

November 4, 2003

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: REKCOC LLC
Ref Number: L02000000974

Enclosed please find a copy of your correspondence, with attachments, dated October 25, 2003 regarding the above referenced LLC.

Please be advised that this letter is requesting a check or money order in the amount of \$150.00 in order to reinstate the LLC. Your office is in receipt of my original check, in the amount of \$50.00, and this was confirmed by a phone conversation yesterday with Gretchen from your office. No additional amount is due.

If you have any further questions concerning the filing of my documents, please call me at 561-703-6923.

Sincerely,


KAL
Mitchell Levitsky

3594 South Ocean Blvd., Ste 603
Highland Beach, FL 33487
Cell - (561) 703-6923