

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L02000007962**

1. Limited Liability Company's Name

Rekat Rentals LLC

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

704 E Fort King

Suite, Apt. #, etc.

STREET

City & State

Ocala FL

Zip

34471

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL USA

5. Date Organized or Qualified
To Do Business in Florida

4-1-2002

6. FEI Number

010651997

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

**\$5.00 Additional Fee required
for a Certificate of Status**

CR2E041 (05/10)

8. Name and Address of Current Registered Agent

Name

Christopher A. Staker

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

704 E. Fort King ST.

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34471

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

Christopher A. Staker

REGISTERED AGENT MUST SIGN

Date **12-5-10**

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
man	Christopher A. Staker	704 E. Fort King ST.	Ocala FL 34471

REINSTATEMENT

Staker

11. E-mail Address:

(To be used for future annual report notifications)

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

Christopher A. Staker

Date **12-5-10**

Daytime Phone # **772-370-6956**

Typed or printed name of signing Managing Member/Manager

Christopher A. Staker