

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 DEC 17 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800188711218  
12/15/10--01026--003 \*\*125.00

CR2E041 (05/10)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # LO2 000009644

1. Limited Liability Company's Name

ReKat Holdings 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

4-18-2002

6. FEI Number

753049278

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 Christopher A. Staker

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

704 E. Fort King ST.

Suite, Apt. #, Etc.

City

Ocala FL

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

REGISTERED AGENT MUST SIGN

Date

12-5-10

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MEM    | Christopher A. Staker                | 704 E. Fort King ST.                              | Ocala FL 34471     |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |
|        |                                      |   |                    |

REINSTATEMENT

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

Date

12-5-10

Daytime Phone #

772-370-6956

Typed or printed name of signing Managing Member/Manager

Christopher A. Staker