

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000027269

Entity Name: AMKON ENERGY, LLC

**FILED**  
**Sep 24, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

22120 BOCA PLACE DRIVE, APT. #1411  
BOCA RATON, FL 33433

**New Principal Place of Business:**

506 SEA OATS DRIVE  
UNIT D1  
JUNO BEACH, FL 33408

**Current Mailing Address:**

1675 RIPKY RUN  
WELLINGTON, FL 33414 US

**New Mailing Address:**

506 SEA OATS DRIVE  
UNIT D1  
JUNO BEACH, FL 33408 US

FEI Number: 20-2529557      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NRAI

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KONDRAT, GEORGE J  
Address: 1675 RIPLEY RUN  
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KONDRAT, GEORGE J  
Address: 506 SEA OATS DRIVE  
City-St-Zip: JUNO BEACH, FL 33408 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GEORGE KONDRAT

CEO

09/24/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date