

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000087339

Entity Name: REKRAP COMPANY LLC

**FILED**  
**Mar 24, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

P.O. BOX 840072  
SAINT AUGUSTINE, FL 320800072

**New Principal Place of Business:**

2044 W LYMINGTON AVE  
SAINT AUGUSTINE, FL 32084

**Current Mailing Address:**

P.O. BOX 840072  
SAINT AUGUSTINE, FL 320800072

**New Mailing Address:**

FEI Number: 20-3438262      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

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

JESS, FERRIS  
5703 RUDOLPH  
ST AUGUSTINE, FL 32080      US

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: JESS FERRIS

03/24/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: PARKER, ERROL  
Address: P.O. BOX 840072  
City-St-Zip: SAINT AUGUSTINE, FL 320800072

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ERROL PARKER

MGR

03/24/2008

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