

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L05000113414

1. Entity Name  
REVENGE ADVANCED COMPOSITES, LLC



**FILED**

07 DEC 18 AM 7:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

12705 DANIELS DRIVE  
CLEARWATER, FL 33762 US

Mailing Address

12705 DANIELS DRIVE  
CLEARWATER, FL 33762 US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

12072007 REIN-LLC

CR2E101 (1/07)

4. FEI Number

03-0574628

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BDB AGENT CO.  
5355 TOWN CENTER ROAD  
900  
BOCA RATON, FL 33486

7. Name and Address of New Registered Agent

Name **KEVIN CONNOR**

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

**2886 VIA VENEZIA**

City **DEERFIELD BEACH FL**

Zip Code  
**33442**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **KEVIN CONNOR**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**12-12-2007**

**FILE NOW!!! FEE IS \$50.00**  
**After January 1, 2008, Fee will be \$100.00**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	SADOWSKY, JON	
STREET ADDRESS	12705 DANIELS DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	SACHS, JOSEPH	
STREET ADDRESS	12705 DANIELS DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CONNOR, KEVIN	
STREET ADDRESS	12705 DANIELS DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE	MGR	<input checked="" type="checkbox"/> Delete
NAME	WEINER, LAURA	
STREET ADDRESS	12705 DANIELS DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>REINSTATEMENT</b>	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, DAVID	
STREET ADDRESS	12705 DANIEL DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAVID COCHRAN	
STREET ADDRESS	12705 DANIEL DRIVE	
CITY-ST-ZIP	CLEARWATER, FL 33762	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: **Kevin Connor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**KEVIN CONNOR**

**12-12-2007**

**954 481-5971**  
**817-7706**