

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000002792

**FILED**  
**Jun 03, 2008**  
**Secretary of State**

**Entity Name:** ADVANCED RECONSTRUCTION AND DISASTER RECOVERY, LLC

**Current Principal Place of Business:**

1007 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**New Principal Place of Business:**

**Current Mailing Address:**

1007 VIA DE LUNA  
PENSACOLA BEACH, FL 32561

**New Mailing Address:**

**FEI Number:** 20-4082723

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PRESIDENTIAL SERVICES INCORPORATED  
1217 CAPE CORAL PKWY.  
#300  
CAPE CORAL, FL 33904 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:** KEVIN W. WESSELL

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** FEDELL, RODNEY R  
**Address:** 1007 VIA DE LUNA  
**City-St-Zip:** PENSACOLA BEACH, FL 32561

**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:**

**ADDITIONS/CHANGES:**

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

**Title:** MGR ( ) Change (X) Addition  
**Name:** KILPATRICK, BLAKE E  
**Address:** 726 MARKET ST.  
**City-St-Zip:** HEMPSTEAD, TX 77445

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:** RODNEY R FEDELL

MGR

06/03/2008

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