

# 2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 APR 23 AM 10:28

<b>DOCUMENT # L06000057505</b> 1. Entity Name <b>MR PLASTICS L.L.C.</b>			
Principal Place of Business <b>303 NE 7TH AVE DELRAY BEACH, FL 33483</b>		Mailing Address <b>303 NE 7TH AVE DELRAY BEACH, FL 33483</b>	
2. Principal Place of Business - No P.O. Box # <b>1745 SW 150TH CT</b>		3. Mailing Address <b>1745 SW 150TH CT</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Ocala, FL.</b>		City & State <b>Ocala, FL.</b>	
Zip <b>34481</b>		Zip <b>34481</b>	
Country <b>Marion</b>		Country <b>Marion</b>	
4. FEI Number <b>75-3216950</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required		02112008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent  <b>KRISS, CHARLES A 303 NE 7TH AVE DELRAY BEACH, FL 33483</b>		7. Name and Address of New Registered Agent Name <b>Charles Kriss</b> Street Address (P.O. Box Number is Not Acceptable) <b>1745 SW 150TH CT.</b>  City <b>Ocala</b> FL <b>34481</b>	
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  DATE <b>3-27-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$277.50</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR KRISS, CHARLES 303 NE 7TH AVE DELRAY BEACH, FL 33483</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>MGR Charles Kriss 1745 SW 150TH CT Ocala FL 34481</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>(New Address)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>REINSTATEMENT</b> <b>wop 07-08</b> 			
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:		Date <b>3-27-08</b> Daytime Phone # <b>954-394-6736</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			