

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000086176

**FILED**  
**Nov 28, 2012**  
**Secretary of State**

**Entity Name:** RECON RESTORATION, LLC

**Current Principal Place of Business:**

301 W PLATT STREET 252  
TAMPA, FL 33606

**New Principal Place of Business:**

8727 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

301 W PLATT STREET 252  
TAMPA, FL 33606

**New Mailing Address:**

PO BOX 19553  
PANAMA CITY BEACH, FL 32417

**FEI Number:** 26-3398767

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHANEVILLE, SCOTT  
301 W PLATT STREET 252  
TAMPA, FL 33606 US

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

SCHANEVILLE, SCOTT  
4644 W GANDY BLVD 4210  
TAMPA, FL 33611 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: SCOTT SCHANEVILLE

11/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR  
Name: WOLF, CHARLES  
Address: 8727 THOMAS DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MR  
Name: HOLLAR, DAVID  
Address: 8727 THOMAS DRIVE  
City-St-Zip: PANAMA CITY BEACH, FL 32408

Title: MR  
Name: SCHANEVILLE, SCOTT P  
Address: 4644 W GANDY BLVD 4210  
City-St-Zip: TAMPA, FL 33611

I hereby 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: CHUCK WOLF

MGM

11/28/2012

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