

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


FILED

2009 JUN 30 PM 2: 27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

800155982308  
05/14/09--01013--015  
CR2E84T (10/08) \*\*138.75

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L05000073291**

1. Limited Liability Company's Name

**CSV CONCEPTS, LLC**

2. Principal Office Address - No P.O. Box # 4801 LINTON BLVD.		3. Mailing Office Address 8988 STONE PIER DRIVE	
Suite, Apt. #, etc. #12-A		Suite, Apt. #, etc.	
City & State DELRAY BEACH, FL		City & State BOYNTON BEACH, FL	
Zip 33445	Country USA	Zip 33472-4324	Country USA

4. State/Country of Formation  
FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida 07/26/2005

6. FEI Number 25-1921950	Applied For
	Not Applicable

7. CERTIFICATE OF STATUS DESIRED  \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
PAUL E. GHOUGASIAN, P.A.

Street Address (P.O. Box Number is Not Acceptable)  
2300 GLADES ROAD

Suite, Apt. #, Etc.  
SUITE 370-W

City BOCA RATON	State FL	Zip Code 33431
--------------------	-------------	-------------------

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent Paul E. Ghougasian Date 6/19/09

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	CHRISTOPHER VINGIANO	4801 LINTON BLVD.	DELRAY BEACH, FL 33445

REINSTATEMENT -07-09

800155982308  
06/25/09--01036--017 \*\*227.50

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager Christopher Vingiano Date 04/28/2009 Daytime Phone# 561-239-1295

Typed or printed name of signing Managing Member/Manager CHRISTOPHER VINGIANO