

# 2011 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000064764

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** CONCEPTO STUDIOS, INC.

**Current Principal Place of Business:**

18800 NE 29AVE  
922  
MIAMI, FL 33180

**New Principal Place of Business:**

2040 NE 199 STREET  
N. MIAMI BEACH, FL 33179

**Current Mailing Address:**

18800 NE 29AVE  
922  
MIAMI, FL 33180

**New Mailing Address:**

2040 NE 199 STREET  
N. MIAMI BEACH, FL 33179

**FEI Number:** 26-0777479

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORRISON, ANDREW E  
18800 NE 29 AVE, #922  
MIAMI, FL 33180 US

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

MORRISON, ANDREW E  
2040 NE 199 STREET  
N. MIAMI BEACH, FL 33179 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: ANDREW MORRISON

02/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MORRISON, ANDREW E  
Address: 2040 NE 199 STREET  
City-St-Zip: N. MIAMI BEACH, FL 33179

Title: D  
Name: MOLINE, ANDRES  
Address: 2040 NE 199 STREET  
City-St-Zip: N. MIAMI BEACH, FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW MORRISON

D

02/07/2011

Electronic Signature of Signing Officer or Director

Date