

CAPITAL CONNECTION

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01/22 '99 13:16 NO.621 01/02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION

FOR

REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

99 JAN 25 PM 2: 26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000011575

1. Corporation Name

Original Concepts, Inc.

Principal Place of Business

Mailing Address

3475 W. Flagler St.  
Miami, FL 33135

same

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, if Applicable

3. New Mailing Office Address, if Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. Date incorporated or Qualified  
To Do Business in Florida

2-10-92

5. FEI Number

65-0554624

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐\$6.75 Additional Fee require  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
D	SARA L. VINAS	3475 W. Flagler St	Miami, FL 33135
D	HECTOR R. VINAS	3475 W. Flagler St.	Miami, FL 33135

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SARA L. VINAS  
3475 W. Flagler St.  
Miami, FL 33135

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1/22/99

11. This corporation owes or has paid the current year  
Intangible Personal Property tax due June 30.Yes ☒ No ☐(See other side for information  
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-99

Date

Daytime Phone: #

305 644-0500

**Original Concepts, Inc.**  
3475 W. Flagler Street, Second Floor  
Miami, Florida 33135  
voice 305.644.0500, fax 305.631.9087

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**(VIA OVERNIGHT DELIVERY)**

January 22, 1999

Division of Corporations  
Department of State  
409 East Gaines Street  
Tallahassee, FL 32399

Dear Sir or Madam:

It came to my attention today, that a corporation in which I am a director and officer has been administratively dissolved. After checking through the Internet I noticed that the mailing address was incorrect. I also did not receive the form this year. I called your office and explained the situation, the person I spoke to said that if I explained what happen and sent in the reinstatement form and the fee of \$150 for last year, plus the fee of \$150 for this year the corporation would be reinstated.

THANK YOU FOR YOUR ASSISTANCE.

Sincerely,



Hector R. Viñas  
President