PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 1 of 2

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 DEC 14 PM 12:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V58155

1. Corporation Name: COMMUNICATION CONCEPTS & INVESTMENTS, INC.

REINSTATEMENT

2. Principal Office Address	**3.** Mailing Office Address
20523 State Road 7	20523 State Road 7
Suite, Apt. #, etc.: Suite 6243	Suite, Apt. #, etc.: Suite 6243
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33498 Country: USA	Zip: 33498 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 8/17/1992 **SP**

5. FEI Number: 65-0352538 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. ***Name and Address of Current Registered Agent***

Name: Mark J. Bryn, Esq.

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-12/19/00--01066--013
****750.00 ****750.00

Street Address (P.O. Box Number is Not Acceptable): One Biscayne Tower, 2 South Biscayne Boulevard

Suite, Apt. #, Etc.: Suite 3599

City: Miami State: FL Zip Code: 33131

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P,D	Larry Levinson	20523 State Road 7, #6243	Boca Raton, Florida 33498

10. 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: Attorney-In-Fact — December 11, 2000 — 305-374-0501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Mark J. Bryn, Esquire
Date — Daytime Phone #

CR2E081 (9/99)

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CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes, the mentioned corporation, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the corporation is: COMMUNICATION CONCEPTS & INVESTMENTS,INC.

2. The name and street address of the registered agent and office is: Mark J.Bryn, Esq.
One Biscayne Tower, Suite 3599
2 South Biscayne Boulevard
Miami, Florida 33131

HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.

Mark J. Bryn