

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR -7 AM 8:50

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000020704

1. Limited Liability Company's Name

CONCORD DEVELOPMENT GROUP, L.L.C.

400073761854
05/02/06--01062--034 **250.00

CR2E041 (8/05)

2. Principal Office Address

719 MERIDIAN AVE

3. Mailing Office Address

Suite, Apt. #, etc.

SUITE 2

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

Zip

33139

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6/9/2003

6. FEI Number

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

THOMAS G. SHERMAN, P.A.

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

90 ALMERIA AVENUE

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33134

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

REGISTERED AGENT MUST SIGN

Date 12/22/2005

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	PHILIPPE HARARI	719 MERIDIAN AVE, STE. #2	MIAMI BEACH, FL 33139

REINSTATEMENT 04-06

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

Date 12/22/2005

Daytime Phone (305) 469 1657

Typed or printed name of signing Managing Member/Manager