

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
03 FEB -7 AM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000011575

1. Corporation Name

ORIGINAL CONCEPTS, INC.

2. Principal Office Address

4001 SW 103 Avenue

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33328

Country

USA

3. Mailing Office Address

4001 SW 103 Avenue

Suite, Apt. #, etc.

City & State

DAVIE, FL

Zip

33328

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/10/1995

5. FEI Number

65-0554624

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

SARA L. VINAS

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

4001 SW 103 Avenue

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33328

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

REGISTERED AGENT MUST SIGN

Date

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
D	SARA L. VINAS	4001 SW 103 Avenue	DAVIE, FL 33328
D	HECTOR R. VINAS	4001 SW 103 Avenue	DAVIE, FL 33328

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:

Hector R. Vinas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

Date

954961-5222

Daytime Phone #

PKF203

2/13

CR2E081 (10/02)



February 4, 2003

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Attn: Reinstatement Division

Re: Original Concepts, Inc. P95000011575

To Whom It May Concern:

I recently contacted your office regarding the above-referenced corporation. Somehow when we completed the on-line filings for all our entities (8 corporations, 9 LLCs and 2 Limited Partnerships) our credit card was not charged for this particular corporation. I was not aware that this filing had not gone through since it appeared our credit card had been charged for all filings.

The person who kindly assisted me told me to do the following:

1. Send a letter explaining the on-line filing issue
2. Complete a form for reinstatement (enclosed) and
3. Send a check for three hundred (\$300.00) dollars to pay for this year and last year's filings (enclosed)

I greatly appreciate your assistance in this matter. If you need any further information, please contact me at 954-818-3335.

Very truly yours

A handwritten signature in cursive script, appearing to read 'Sara L. Vinas', is written over the typed name.

Sara L. Vinas