

PLEASE PRINT CLEARLY AND COMPLETELY BEFORE COMPLETING THIS FORM.

**L0000000541**

**APPLICATION FOR REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
**Glenda E. Hood**  
**Secretary of State**  
**DIVISION OF CORPORATIONS**

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 23 PM 3:30

1. **DOCUMENT #** L00000000541  
**Name and Mailing Address**

0003469 01 AT 0.292 \*\*AUTO T5 0 0615 32803-463402  
CONCORD STREET LIMITED LIABILITY COMPANY  
602 N. THORNTON AVE.  
ORLANDO FL 32803-4634



2. New Mailing Address  City, State, Zip		4. State/Country of Formation <b>FL</b>	
Principal Place of Business <b>602 N. THORNTON AVE. ORLANDO FL 32803</b>		3. New Principal Place of Business Address  City, State, Zip	5. Date Organized or Qualified To Do Business in Florida <b>01/13/2000</b>
		6. FEI Number <b>61-2017120</b>	Applied For <input type="checkbox"/> Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent  <b>CLEMENT, MILTON A 602 N. THORNTON AVE. ORLANDO FL 32803</b>		9. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) <b>200024043072</b> <b>10/23/03--01024--006 **150.00</b>  City <b>FL</b> Zip Code	

10. 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 *[Signature]* **SIGNATURE REQUIRED** Date **10-21-03**  
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CLEMENT, MILTON A JR.	602 N. THORNTON AVE.	ORLANDO FL 32803
MGRM	CLEMENT, EDITH S	602 N. THORNTON AVE.	ORLANDO FL 32803
MEM	FOUR UNIT BRIDGE FAMILY LTD. PARTNERSHI	602 N. THORNTON AVE.	ORLANDO FL 32803
MEM	CLEMENT LIVING TRUST	602 N. THORNTON AVE.	ORLANDO FL 32803
<b>REINSTATEMENT 2003</b> <b>10/29/11</b>			

12. 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 *[Signature]* **SIGNATURE REQUIRED** Date **10-21-03** Daytime Phone **#407 422 3811**  
Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)