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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
DOCUMENT # <u>LO1000007755</u> 1. Limited Liability Company's Name <u>CONCH REPUBLIC, LLC</u>					
2. Principal Office Address <u>137 PLANTATION SHORE DR.</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>137</u> <u>PLANTATION SHORE DR.</u> Suite, Apt. #, etc.		4. State/Country of Formation <u>FLORIDA</u>	
City & State <u>TAVERNIER, FL</u>		City & State <u>TAVERNIER, FL</u>		5. Date Organized or Qualified To Do Business in Florida <u>2-20-2001</u>	
Zip <u>33070</u>	Country <u>USA</u>	Zip <u>33070</u>	Country <u>USA</u>	6. FEI Number <u>65-1089964</u>	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					
Name <u>DEBORAH FISHMAN</u>					
Street Address (P.O. Box Number is Not Acceptable) <u>137 PLANTATION SHORE DR.</u>					
Suite, Apt. #, Etc.					
City <u>TAVERNIER</u>					
				State <u>FL</u>	Zip Code <u>33070</u>
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 <u>Deborah Fishman</u> REGISTERED AGENT MUST SIGN				Date <u>4-2-04</u>	
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		
<u>PM</u>	<u>DEBORAH FISHMAN</u>	<u>137 PLANTATION SHORE DR.</u>	<u>TAVERNIER, FL 33070</u>		
REINSTATEMENT <u>02-04</u> <u>QR</u>					
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 <u>Deborah Fishman</u>				Date <u>4-2-04</u>	Daytime Phone # <u>852-6121</u>
Typed or printed name of signing Managing Member/Manager <u>DEBORAH FISHMAN</u>					

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PATRICIA GESSEL PL

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Florida Department of State
Division of Corporations
Public Access System

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : PATRICIA GESSEL, P.A.
Account Number : I20010000242
Phone : (305) 453-5277
Fax Number : (305) 453-4985

LIMITED LIABILITY REINSTATEMENT

CONCH REPUBLIC, LLC

Certificate of Status	0
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