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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

L01000007618

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**
UVR



FLORIDA DEPARTMENT OF
JULIA S. GILLESPIE
Secretary of State
DIVISION OF CORPORATIONS

FILED
OCT 22 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L01000007618**

1. Limited Liability Company's Name

FOURTH CONCEPT, LLC

300008518213
10/22/02--01085--001 **150.00

2. Principal Office Address

2081 S.W. 70TH Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

STE H18

Suite, Apt. #, etc.

City & State

DAVIE FL

City & State

Zip

33317

Country

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/15/01

6. FEI Number

65-1108457

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

Jacqueline F Rodriguez

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

1001 BRICKELL BAY Drive

Suite, Apt. #, Etc.

Suite 2600

City

Miami

State
FL

Zip Code

33131

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

Jacqueline Rodriguez
REGISTERED AGENT MUST SIGN

Date **10-15-02**

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
<i>MEM</i>	Mesa, Gustavo	999 Brickell Bay Drive Suite 1009	Miami FL 33131
2002 UVR		<i>[Signature]</i>	

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

[Signature]

Date **10/15/02**

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

Mesa, Gustavo

CR2E041 (9/01)

L01000007618

2062

Fourth Concept, LLC
999 Brickell Bay Drive
Suite 1009
Miami, Florida 33131

October 15, 2002

FILED
02 OCT 22 PM 5:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document No. L01000007618

Dear Sir or Madam:

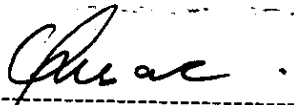
Please note that according to our records we never received the Uniform Annual Report. Therefore, we are proceeding to file the report along with the filing fee of \$150.00. Thus, please proceed to waive any penalties.

If you have any question, please do not hesitate to contact me at 305 350 0725.

Regards,

FOURTH CONCEPT, LLC

BY:



Gustavo Mesa

