

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



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

FILED

03 OCT 28 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011560

Name and Mailing Address

0003312 01 AT 0.292 **AUTO T4 0 0615 32795-089191



DIVERSIFIED CONCEPTS LLC
PO BOX 950891
LAKE MARY FL 32795-0891



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/16/2001	
Principal Place of Business 975 MALDEN COURT LONGWOOD FL 32750-7123	3. New Principal Place of Business Address 30 OCEAN SHORE DR. City, State, Zip DEMONO BEACH, FL 32170		6. FEI Number 59-3732687
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent TRON, CANDACE A 213 BRYNWOOD LANE SANFORD FL 32771		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
		9. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL 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 REQUIRED REGISTERED AGENT MUST SIGN	
Date			
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
MGR	TRON-KEELER, CANDACE A	213 BRYNWOOD LN	SANFORD FL 32771
MGRM	CANDACE TRON, CANDACE A	213 BRYNWOOD LN	SANFORD FL 32771
			500024184035 10/28/03--01007--002 **50.00
			REINSTATEMENT 03 dec

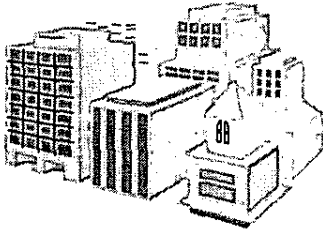
12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies 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

Candace M. Keeler 9-22-2003

Daytime Phone # 907-426-1141

Typed or printed name of signing Managing Member/Manager



Diversified Concepts, LLC

Po Box 950891 Lake Mary, FL
407-302-4551 Office 407-321-3665 Fax

September 22nd, 2003

Florida Dept. of State
Secretary of State
Office of Glenda E. Hood
Division of Corporations
Po Box 6327
Tallahassee, Fla. 32314

Re.: REQUEST FOR REINSTATEMENT / L01000011560

To Whom It May Concern:

Our office never received any correspondence regarding the filing of our Uniform Business Report with your office. Please except the \$50.00 standard fee for reinstatement of our limited liability company.

Enclosed is the "Application for Reinstatement" provided by your office. Please contact us if you have any questions.

Respectfully,

Rob Keeler
Manager

cc/file