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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Glenn F. Hood
Secretary of State
DIVISION OF CORPORATIONSAPPROVED
AND
FILED

03 NOV 24 AM 10:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012524

Name and Mailing Address

0012713 01 AT 0.292 **AUTO T6 0 0615 33469-811760

CONCHTOWN PRODUCTIONS, LLC
18460 SE LAKESIDE DRIVE
TEQUESTA FL 33469-8117

REINSTATEMENT



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2001	
Principal Place of Business 18460 SE LAKESIDE DRIVE TEQUESTA FL 33469	3. New Principal Place of Business Address	6. FEI Number 43-1972633	Applied For Not Applicable
City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2E084 (7/03)

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
NELSON, COLLEEN 120 NORTH U.S. HIGHWAY ONE TEQUESTA FL 33469		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 Colleen Nelson **SIGNATURE REQUIRED** Date 11-19-2003

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	PANDE, LORRIE J	18460 SE LAKESIDE DRIVE	TEQUESTA FL 33469

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 LORRIE PANDE **SIGNATURE REQUIRED** Date 11-20-03 Daytime Phone # 561-575-1614

Typed or printed name of signing Managing Member/Manager LORRIE PANDE