

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAR 18 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000013952

1. Limited Liability Company's Name

CUSTOM CONCEPTS, LLC

2. Principal Office Address

430 KANE CT

Suite, Apt. #, etc.

3. Mailing Office Address

430 KANE CT

Suite, Apt. #, etc.

City & State

OVIDO FL

City & State

OVIDO FL

Zip

32765

Country

US

Zip

32765

Country

US

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03/19/03--01058--013 **205.00

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

8/20/2001

6. FEI Number

59-3741812

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

MICHAEL E NEUKAMM

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

301 E PINE ST.

Suite, Apt. #, etc.

SUITE 1400

City

ORLANDO FL

State
FL

Zip Code

32801

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

Michael E. Neukamm

Date

3-17-03

REGISTERED AGENT MUST SIGN

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
P/MEM	THOMAS E COOK	1140 AUDUBON PL ORLANDO FL 32804	
VP/MEM	ROBERT CZESNAROWICZ	936 S LAKE ADAM RD	ORL, FL 32804

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

Thomas E. Cook

Date

3-10-03

Daytime Phone #

407-366-0249

Typed or printed name of signing Managing Member/Manager

THOMAS E. COOK

CR2E041 (10/02)