

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF REVENUE
In South
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000022136

Name and Mailing Address

0000584 01 FP 0.352 **PRSRT T2 0 0615 32779-352400

[illegible]

DC CONCEPTS, LLC

100 COUNTRYSIDE DRIVE

LONGWOOD FL 32779-3524

US

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL																													
Principal Place of Business 100 COUNTRYSIDE DRIVE LONGWOOD FL 32779 US		5. Date Organized or Qualified To Do Business in Florida 12/19/2001																													
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 30-0000620																													
		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 PENDLETON, CHRISTINA M 100 COUNTRYSIDE DRIVE LONGWOOD FL 32779		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is optional) 11/01/02 01019 007 **150.00 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 <u><i>Christina M. Pendleton</i></u> Date <u>10-28-02</u> REGISTERED AGENT MUST SIGN																															
11. Names and Street Addresses of Each Managing Member/Manager <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Title(s)</th> <th style="width: 30%;">Name of Managing Members/Managers</th> <th style="width: 30%;">Street Address of Each Managing Member/Manager</th> <th style="width: 30%;">City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>Donna S. Masluk</td> <td>403 Cidermill Place</td> <td>Lake Mary FL 32746</td> </tr> <tr> <td>MGRM</td> <td>Rosemarie A. Stankovich</td> <td>100 Countryside Drive</td> <td>Longwood FL 32779</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>				Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	Donna S. Masluk	403 Cidermill Place	Lake Mary FL 32746	MGRM	Rosemarie A. Stankovich	100 Countryside Drive	Longwood FL 32779																
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CB2F084 (8/02)

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

Date _____

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Donna S. Masluk