

L02000015038

1082

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 16 AM 10:13

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000015038

1. Limited Liability Company's Name
NEW CONCEPT, LLC

REINSTATEMENT 2003

11/2/20

100025532371
12/16/03--01055--031 **150.00

2. Principal Office Address 1909 TYLER ST		3. Mailing Office Address	
Suite, Apt. #, etc. 500		Suite, Apt. #, etc.	
City & State HOLLYWOOD, FL		City & State	
Zip 33020	Country USA	Zip	Country

4. State/Country of Formation FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 6-17-2002	
6. FEI Number 20-0464411	Applied For Not Applicable
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			
Name STEVEN C KLEIN			
Street Address (P.O. Box Number is Not Acceptable) 7522 WILES RD			
Suite, Apt. #, Etc. 210			
City CORAL SPRINGS		State FL	Zip Code 33067

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 Date 12/8/03

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
MGR	LLOYD LAPIDUS	1909 TYLER ST	HOLLYWOOD, FL 33020

REINSTATEMENT 2003

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 Date 12/4/05 Daytime Phone# 954-923-2494

Typed or printed name of signing Managing Member/Manager Lloyd Lapidus

CR2ED41 (10/02)

20/2

NEW CONCEPT LLC
1909 TYLER ST
SUITE 500
HOLLYWOOD, FL 33020

December 2, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: New Concept LLC
Document #: L02000015038

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 16 AM 10:13

Dear Sir or Madam:

I have not received any forms from your office. I would have promptly paid it as usual.

I am asking you to waive the penalties on this because I have never received the original forms. I have enclosed a check for \$ 150.00 and a completed reinstatement application.

Please feel free to contact me if you have any questions.

Very truly yours,



Lloyd Lapidus