

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Gloria E. O'Neil
Secretary of State

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 11 PM 09

1. DOCUMENT # L02000026710
Name and Mailing Address

0012567 01 AT 0.292 **AUTO T6 0 0615 33458-790825
CLUB CONCEPTS, LLC
1851 W INDIANTOWN RD., STE 100
JUPITER FL 33458-7908



REINSTATEMENT

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1851 W INDIANTOWN RD., STE 100 JUPITER FL 33458		5. Date Organized or Qualified To Do Business in Florida 10/09/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 55-0798952 060612	
		Applied For Not Applicable	
8. Name and Address of Current Registered Agent SANFORD, JOHN S 1851 W. INDIANTOWN RD., STE 100 JUPITER FL 33458		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 "MGRM" MARK BENNETT Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
10. I, being appointed the _____, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent _____ Date 10/30/03			
11. Names and Street Address of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MARK BENNETT	1851 W. INDIANTOWN ROAD, #100	JUPITER, FL 33458
MGRM	JOHN SANFORD	1851 W. INDIANTOWN ROAD, #100	JUPITER, FL 33458
		2003	
REINSTATEMENT		400024373254	11/03/03--01058--013 **150.00

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 10/30/03 Daytime Phone # 561-352-1440
Typed or printed name of signing Managing Member/Manager MARK BENNETT "MGRM"