PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB 17 AM 9:30

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000028836

1. Limited Liability Company's Name

World of Concepts, LLC

REINSTATEMENT 03-05

2. Principal Office Address	3. Mailing Office Address
3201 NE 183rd Street	Same
Suite, Apt. #, etc.: #302	Suite, Apt. #, etc.:
City & State: Aventura Florida	City & State:
Zip: 33160 Country: USA	Zip: Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 10/29/2002

6. FEI Number: ☑ 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 W. Simon, Esq.

Street Address (P.O. Box Number is Not Acceptable): 120 East Palmetto Park Road

Suite, Apt. #, Etc.: Suite 100

City: Boca Raton State: FL Zip Code: 33432

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: M W. S Date: 2/16/05

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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	Elizabeth Hazan	3201 NE 183rd St., #302	Aventura FL 33160

900047475169
03/01/05--01005--008 **250.00

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 608.508, 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: 02.15.05 Daytime Phone #:

Typed or printed name of signing Managing Member/Manager: Elizabeth Hazan