

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 14 AM 7:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # LO2000028836

1. Limited Liability Company's Name

WORLD OF CONCEPTS, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

19501 W COUNTRY CLUB DR

Suite, Apt. #, etc.

SUITE # 1415

City & State

AVENTURA FLORIDA

Zip

33180

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/29/02

6. FEI Number

300167974

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

GIUSEPPE PORCU

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

19501 W COUNTRY CLUB DR

Suite, Apt. #, Etc.

SUITE # 1415

City

AVENTURA

State

FL

Zip Code

33180

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date 10/12/09

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	GIUSEPPE PORCU	19501 W COUNTRY CLUB DR #1415	AVENTURA FLORIDA 33180

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 10/12/09 Daytime Phone # 305 335 1965

Typed or printed name of signing Managing Member/Manager

GIUSEPPE PORCU

N OCT 15 2009