

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 7:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000029238

Name and Mailing Address

0003020 01 AT 0.292 **AUTO T4 0 0615 32757-362485



R. L. CONCEPTS, LLC
1385 MORNINGSIDE DRIVE
MOUNT DORA FL 32757-3624



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 1385 MORNINGSIDE DRIVE MOUNT DORA FL 32757		5. Date Organized or Qualified To Do Business in Florida 11/01/2002	
3. New Principal Place of Business Address 3724 NW 16th ST City, State, Zip LAUDERHILL, FL 33311		6. FEI Number 57-1136786 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 STEARNS WEAVER MILLER, ET AL C/O GEOFFREY MACDONALD 150 WEST FLAGLER STREET, SUITE 2200 MIAMI FL 33130		9. Name and Address of New Registered Agent Name WILLIAM C SUDLOW Street Address (P.O. Box Number is Not Acceptable) 1385 MORNINGSIDE DR City MOUNT DORA, FL Zip Code 32757	
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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 [Signature] **SIGNATURE REQUIRED** Date _____
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	WILLIAM C SUDLOW	1385 MORNINGSIDE DR	MOUNT DORA, FL 32757
MGR	JAMES T SUDLOW		500024820525 11/19/03--01006--010 **150.00
MGR	GILBERT W. BUHRMAN, JR	445 WOODBURN CIRCLE	LAKE MANA, FL 32749
MGR	ARVIN A. BLANK	14142 DELTOWN CIRCLE	ORLANDO, FL 32828
REINSTATEMENT 2003			

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 [Signature] **SIGNATURE REQUIRED** Date NOV 11, 2003 Daytime Phone 954-321-1014

Typed or printed name of signing Managing Member/Manager _____