

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glen S. Hood
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # L02000034706

Name and Mailing Address

0010392 01 AT 0.292 **AUTO H9 0 0615 33840-05111



CONCEPT ONE GROUP, LLC
POST OFFICE BOX 511
EATON PARK FL 33840-0511



FILED
04 JUN 26 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/23/2002	
Principal Place of Business 1925 BARTOW ROAD LAKE LAND FL 33812 33801	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 56-2309368	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 MCVAY, JOHN C JR. 1925 BARTOW ROAD LAKE LAND FL 33812 33801	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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]* **REGISTERED AGENT MUST SIGN** Date 2-3-04

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
MGRM	JOHN C. MCVAY JR	1925 BARTOW ROAD LAKE LAND FL 33801	LAKE LAND FL 33801

800020657908
02/12/04--01032--017 **200.00

REINSTATEMENT 2003-2004
[Signature]

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]* **REGISTERED AGENT MUST SIGN** Date 2-3-04 Daytime Phone # 863-712-9932

Typed or printed name of signing Managing Member/Manager