


# 2010 LIMITED LIABILITY COMPANY REINSTATEMENT

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|--|---|
| DOCUMENT # L04000006645                |  |
| 1. Entity Name<br>KUSTOM CONCEPTS, LLC |   |

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|--|--|
| Principal Place of Business<br>2816 JOEL BROWN ROAD, BLDG. E, #25<br>TALLAHASSEE, FL 32301 | Mailing Address<br>P.O. BOX 12613<br>TALLAHASSEE, FL 32317 |
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|   |                     |
|---|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br>1400 W ORANGE AVE | 3. Mailing Address  |
| Suite, Apt. #, etc.<br># 10   | Suite, Apt. #, etc. |
| City & State<br>TALL. FLA   | City & State        |
| Zip<br>32310  | Country<br>LEON     |

**FILED**  
10 SEP 27 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

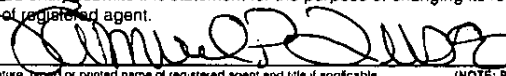


09272010 REIN-LLC CR2E101 (1/07)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>90-0142089                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent<br>FUSCO, SAMUEL P<br>2816 JOEL BROWN ROAD, BLDG. E, #25<br>TALLAHASSEE, FL 32301 | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |
|---|--|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.


SIGNATURE  DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

|  |  |
|--|--|
| FILE NOW!!! FEE IS \$238.75<br>After January 1, 2011, Fee will be \$377.50 | Make check payable to<br>Florida Department of State |
|--|--|

| 9. MANAGING MEMBERS / MANAGERS                     |  | 10. ADDITIONS / CHANGES                            |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>FUSCO, SAMUEL P<br>P.O. BOX 12613<br>TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | MGRM<br>William Hester<br>556 BOND RD<br>CAIRO, GA 39828 <input type="checkbox"/> Delete           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | 200185885802 <input type="checkbox"/> Addition<br>09/27/10--01039--003 **238.75 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**REINSTATEMENT 2010**