PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
10 NOV -5 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
600186614096
10/13/10--01005--015 **273.75

CR2E041 (05/10)

DOCUMENT # L05000010438

1. Limited Liability Company's Name
VISIONS AND CONCEPTS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1800 PRIMROSE LANE	1800 PRIMROSE LANE
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WELLINGTON FL	City & State: WELLINGTON FL
Zip: 33414 Country: WPB	Zip: 33414 Country: WPB

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida: FEB. 01, 2005
6. FEI Number: 20-2296782 ☐ 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: DION ST. HILAIRE
Street Address (P.O. Box Number is Not Acceptable): 1800 PRIMROSE LANE
Suite, Apt. #, Etc. —
City: WELLINGTON State: FL Zip Code: 33414

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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 _____ Date OCT. 08, 2010
REGISTERED AGENT MUST SIGN

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
MGRM	CECILIA ST HILAIRE	1800 PRIMROSE LANE	WELLINGTON, FL. 33414
MGRM	DION ST. HILAIRE	1800 PRIMROSE LN	WELLINGTON, FL. 33414
		REINSTATEMENT 2009-10	JB

11. E-mail Address: DST HILAIRE @ BELLSOUTH.NET
(To be used for future annual report notifications)

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 _____ Date 10/8/2010 Daytime Phone # 386-793-4543

Typed or printed name of signing Managing Member/Manager _____