2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -5 AM 8:55

DOCUMENT # L05000073291

1. Entity Name
CSV CONCEPTS, LLC

Principal Place of Business	Mailing Address
4801 LINTON BLVD., #12-A DELRAY BEACH, FL 33445	11995 SOUTHERN BLVD., BAYS #2 & #3 ROYAL PALM BEACH, FL 33411

10262006 REIN-LLC CR2E101 (11/05)

2. Principal Place of Business		3. Mailing Address	
		8291 Ravenrock Ct	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Boynton Beach, FL	
Zip	Country	Zip: 33437	Country: USA

4. FEI Number: 25-1921950 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PAUL E. GHOUGASIAN, P.A. 2300 GLADES ROAD, SUITE 370-W BOCA RATON, FL 33431	Name: Street Address (P.O. Box Number is Not Acceptable): City: 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: Paul E. Ghougasian, President DATE: 10/26/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
After January 1, 2007, Fee will be $100.00

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VINGIANO, CHRISTOPHER 4801 LINTON BLVD., #12-A DELRAY BEACH, FL 33445	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100082262591 12/04/06--01056--006 **50.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	...MENT 2006	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: [signature] 10/26/06 561-239-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #