

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 NOV 13 PM 5:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L06000116234**

1. Limited Liability Company's Name

Design Concepts, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

1904 Masters Way

Suite, Apt. #, etc.

City & State

Plant City, FL

Zip

33566

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 12-05-2006

6. FEI Number

51-0618751

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

Pamela Brester

Street Address (P.O. Box Number is Not Acceptable)

1904 Masters Way

Suite, Apt. #, Etc.

City

Plant City

State

FL

Zip Code

33566

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

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
MGMBI	Pamela Brester	1904 Masters Way	Plant City, FL 33566

300137836313  
11/12/08--01004--015 #227.50

**REINSTATEMENT**

07-08 AC

11. 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

*Pamela S Brester*

Date 11/3/2008

Daytime Phone #

863-6702092

Typed or printed name of signing Managing Member/Manager Pamela Brester