

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF
DIVISION OF CORPORATIONS

10 MAY 11 PM 12:22

DOCUMENT # L07000076650

1. Limited Liability Company's Name

A Screen Concepts, LLC

REINSTATEMENT 2008-10-28

900180496109
05/06/10--01034--001 **521.25

CR2E041 (11/09)

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

5 Trail Run

Suite, Apt. #, etc.

3. Mailing Office Address

5 Trail Run

Suite, Apt. #, etc.

City & State

Flagler Beach, FL

Zip

32136

Country

USA

City & State

Flagler Beach, FL

Zip

32136

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

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

Wesley K. Cordell

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

5 Trail Run

Suite, Apt. #, Etc.

City

Flagler Beach

State

FL

Zip Code

32136

☐ 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

Wesley K. Cordell

REGISTERED AGENT MUST SIGN

Date 04-19-10

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
MEM	Wesley K. Cordell	5 Trail Run	Flagler Beach, FL, 32136

11. E-mail Address: Wes.Cordell @ Yahoo. com

(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

Wesley K. Cordell

Date 4-19-10

Daytime Phone # 386-852-2209

Typed or printed name of signing Managing Member/Manager

Wesley K. Cordell