

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT
2018



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

18 MAY 18 PM 12:50

DOCUMENT # L12000064214

1. Limited Liability Company's Name

concession Management LLC

501312635969
05/18/18--01003--003 **123.32

CR2E041 (1/14)

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

5805 Blue Lagoon Dr.

Suite, Apt. #, etc.

SUITE 178

City & State

Miami, FL.

Zip

33126

Country

US

3. Mailing Office Address

5805 Blue Lagoon Dr.

Suite, Apt. #, etc.

SUITE 178

City & State

Miami, FL.

Zip

33126

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

05/11/2012

6. FEI Number

45-4922748

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

Abiel Baltesteros

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

5805 Blue Lagoon Dr.

Apt. #, Etc.

SUITE 178

City

Miami

State

FL

Zip Code

33126

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

AB

REGISTERED AGENT MUST SIGN

Date 05/11/18

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
P	Glady's N. Baltesteros	5805 Blue Lagoon Dr. 178	Miami FL 33126
MSR	Abiel Baltesteros	5805 Blue Lagoon Dr. 178	Miami FL 33126

11. E-mail Address aaabiel@hotmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of authorized representative/member

AB

Date

05/11/18

Daytime Phone #

786 355 6646

Typed or printed name of signing authorized representative/member