PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY, REINSTATEMENT 2018



FLORIDA DEPARTMENT OF STATE

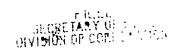
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # L12000064214

1. Limited Liability Company's Name

concession Management LLC



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2. Principa	Office Address - No P.O Box#	Mailing Office Addre				CR2E041 (1/14)		
<u> 5800</u>	5 Blue Lawcon Dr.	5805 Buc Lagan Dr.			4. State/Country of Formation Florido			
Suite, Apt	r, etc TC 178	Suite, Apt. #, etc			5. Date Organized or Qualified To Do Business in Florida 05 11 2012			
City & State	mi, FL.	Miomi, FL.			6. FEI Number 45-4922748 Applied For Not Applicable			
331:	26 US	33126	Co	untry US	7. CERTIFICATE OF	STATUS DESIRED 55.00 A	dditional Fee required rtificate of status	
8. Name and Address of Current Registered Agent								
Abiel Ballesteros								
Street Address (P.O. Box Number is Not Acceptable) Suite 5805 BUC LOQUON Dr.								
Apt #, Etc SUITC 178								
Miami				35126				
9. I beir Signature Registered	Agent1	ve named limited liability co		am familiar with and acc	ept the obligations	of Chapter 605, F.S Date	/18	
10. Name	s and Street Addresses of Authorized Represe	ntatives/Managers						
Titles	Name of Authorized Representatives/ Managers		Street Address of Each Authorized Representative/ Manager			City / State / Zip		
P	Gladys N, Ballo	28C (2010)	5805 Blut layoon Dr. 178			Miami FL.	33126	
MER	Abird BallesTO	780	5 T	tur logoo	nDr. 118	Miami ft.	33126	
			•					
							Mom	
11, E- mail	Address aaabicl @						/("	
certify that 605.0012, shall have	y that I am an authorized representative/ m when filing this reinstatement application in F.S., and that all fees owed by the limited the same legal effect as if made under outprovided for in \$ 817,155, F.S.	anager or the receiver or the reason for dissolution liability company have be	trustee has bee en paid.	n eliminated, the limite The information indica	this application and liability company	y name satisfies the requiremation is true and accurate, an	ent of section d my signature	

Signature of authorized representative/member _

Date 05/11/18 Daytime Phone # 786 355 6646