

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

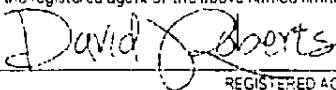
FILED

2024 APR -4 PM 12:11

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
RECEIVED

H24000124883

CR2E041 (1/14)

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																													
DOCUMENT # L22000187528																																	
1. Limited Liability Company's Name CONCEPTION MUSIC GROUP, LLC																																	
2. Principal Office Address - No P.O. Box # 12744 KEDLESTON CIR Suite, Apt. #, etc.			3. Mailing Office Address 12744 KEDLESTON CIR Suite, Apt. #, etc.																														
City & State FORT MYERS, FL			City & State FORT MYERS, FL																														
Zip 33912		Country US		Zip 33912																													
				Country US																													
4. State/Country of Formation Florida																																	
5. Date Organized or Qualified To Do Business in Florida																																	
6. FEI Number 88-1885515				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 Registered Agents Inc																																	
Street Address (P.O. Box Number is Not Acceptable) Suite 7901 4th St N																																	
Apt. #, Etc. STE 300																																	
City St. Petersburg				State FL																													
				Zip Code 33702																													
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 				Date 04/04/2024																													
REGISTERED AGENT MUST SIGN																																	
10. Names and Street Addresses of Authorized Representatives/Managers																																	
<table border="1"><thead><tr><th>Titles</th><th>Name of Authorized Representatives/Managers</th><th>Street Address of Each Authorized Representative/Manager</th><th>City / State / Zip</th></tr></thead><tbody><tr><td>MGR</td><td>MORELAND, SAMUEL</td><td>12744 KEDLESTON CIR</td><td>FORT MYERS, FL 33912</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>						Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip	MGR	MORELAND, SAMUEL	12744 KEDLESTON CIR	FORT MYERS, FL 33912																				
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip																														
MGR	MORELAND, SAMUEL	12744 KEDLESTON CIR	FORT MYERS, FL 33912																														
11. E-mail Address: <u>ffilings@registeredagentsinc.com</u>																																	
(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 <u>Samuel Moreland</u> Date <u>04/04/2024</u> Daytime Phone # <u>307-200-2803</u>																																	
Typed or printed name of signing authorized representative/member <u>Samuel Moreland</u>																																	

A. PARISHANI
APR - 4 2024

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H24000124883 3)))



H240001248833ADC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LIMITED LIABILITY REINSTATEMENT
CONCEPTION MUSIC GROUP, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$377.50