

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 MAY -6 AM 9:49

26/3/21

DOCUMENT # L980 00002938

1. Limited Liability Company's Name

Euro Concepts, LLC

100005609451--8

-05/24/02--01012--009

****155.00 ****155.00

2. Principal Office Address

3661 SW Coquina Cove Way

Suite, Apt. #, etc.

102

City & State

Palm City, Florida

Zip

34990

Country

U.S.A.

3. Mailing Office Address

P.O. Box 1593

Suite, Apt. #, etc.

City & State

Stuart, Florida

Zip

34990

Country

U.S.A.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

December 1, 1998

6. FEI Number

65-0881542

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

Michael R. Banks

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

27 E. Ocean Blvd.

Suite, Apt. #, Etc.

City

Stuart

State
FL

Zip Code
34994

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

4-25-2002

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
MGRM	Christians USA, LLC	1013 Center Road	Wilmington, DE 19805
MGRM	Mercury Overseas, Ltd.	c/o Bernadine Smith P.O.B. 107 - Oceanic House	Grand Turk, Turks & Caicos Island, British W. Indies

REINSTATEMENT 2002

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

Date 04/15/02.

Daytime Phone # 450-677-6148

Typed or printed name of signing Managing Member/Manager

Christians USA, LLC, by Vince Prendergast

CR2E041 (3/01)