

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 FEB 14 PM 3:22

DOCUMENT # L99000002202

1. Limited Liability Company's Name

CONCORDE USA, LLC

9/28/01

2. Principal Office Address

1361 S FEDERAL HWY

Suite, Apt. #, etc.

#310

City & State

BOCA RATON FL

Zip

33432

Country

USA

3. Mailing Office Address

1361 S FEDERAL HWY

Suite, Apt. #, etc.

#310

City & State

BOCA RATON FL

Zip

33432

Country

USA

4. State/Country of Formation

FLORIDA USA

**5. Date Organized or Qualified
To Do Business in Florida**

04/15/1999

6. FEI Number

65-0916502

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

SEGUI, MICHEL

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

1361 S FEDERAL HWY

Suite, Apt. #, Etc.

#310

City

BOCA RATON

State

FL

Zip Code

33432

100005027091-6
-02/28/02--01059-022
****200.00 ****200.00

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 02/12/2002

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	SEGUI, MICHEL	1361 S FEDERAL HWY #310	BOCA RATON FL 33432
MGRM	SEGUI, ALICE	1361 S FEDERAL HWY #310	BOCA RATON FL 33432
			Rein 100.00
			01 50.00
			02 50.00
			CMS 5.00
			205.00 nc 2/26

REINSTATEMENT

2001-2002

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 608.408, 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 02/12/2002 Daytime Phone # 561-368-1627

Typed or printed name of signing Managing Member/Manager MICHEL SEGUI