

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L99000003454

LIMITED LIABILITY
COMPANY
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000003454

1. Limited Liability Company's Name

Optical Marketing Concept, LLC

300019874593
05/27/03--01059--001 **305.00

2. Principal Office Address

10711 SW 216 St.

Suite, Apt. #, etc.

100-101

City & State

Miami, FL

Zip

33170

Country

USA

3. Mailing Office Address

10711 SW 216 St.

Suite, Apt. #, etc.

100-101

City & State

Miami, FL

Zip

33170

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

06/15/1999

6. FEI Number

65-0926608

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

Jean Lesly Benoit, Jr.

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

10711 SW 216 Street

Suite, Apt. #, Etc.

100-101

City

Miami

State

FL

Zip Code

33170

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

REGISTERED AGENT MUST SIGN

Date 05/21/2003

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
OM	Rodolphe Nisima	10711 SW 216 St. Suite 100-101	Miami, FL, 33170
S-	Jean Lesly Benoit, Jr.	10711 SW 216 St. Suite 100-101	Miami, FL, 33170

REINSTATEMENT
REINSTATEMENT

00-03 cus
dec

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

05/21/2003

Daytime Phone #

786-357-4960

Typed or printed name of signing Managing Member/Manager

Rodolphe Nisima