

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

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DOCUMENT # L99000008169

1. Limited Liability Company's Name

MEGA CONCEPTS LIMITED COMPANY

2. Principal Office Address

525 So. Flagler Drive, #20E

Suite, Apt. #, etc.

Apt. 20E

City & State

West Palm Beach, FL

Zip

3B401

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/19/99

6. FEI Number

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

BRIAN B. JOSLYN, ESQUIRE

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

515 North Flagler Drive

Suite, Apt. #, Etc.

19th Floor - Northbridge Centre

City

West Palm Beach

State

FL

Zip Code

33401

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

Brian B. Joslyn
REGISTERED AGENT MUST SIGN

Date

7/02/01

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
	Bruce D. Zelvin Managing Member	3411 S.W. Hill Court	Port St. Lucie, FL 34953
	Charles Lemoine Member	525 So. Flagler Drive, #20E	West Palm Beach, FL 33401

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

Bruce D. Zelvin

Date

7/18/01

Daytime Phone #

761-336-7232

Typed or printed name of signing Managing Member/Manager

Bruce D. Zelvin

CR2E041 (9/00)