

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 DEC 14 AM 8:25

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12/13/08--01051--001 \*\*350.00

CR2E041 (8/05)

DOCUMENT # M01000002659

1. Limited Liability Company's Name

Concord Development, LLC

2. Principal Office Address

1701 Windhoek Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 22126

Suite, Apt. #, etc.

City & State

Lincoln, NE

City & State

Lincoln, NE

Zip

68512

Country

USA

Zip

68542-2126

Country

USA

4. State/Country of Formation

Nebraska

5. Date Organized or Qualified  
To Do Business in Florida

11/28/01

6. FEL Number

47-0822161

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

*Kristi Hebe*

Date

12/11/08

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	Lawrence S. Bird	1701 Windhoek Drive	Lincoln, NE 68512

REINSTATEMENT 02-06

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

*Lawrence S. Bird*

Date

9-29-06

Daytime Phone # (402) 421-2551

Typed or printed name of signing Managing Member/Manager

Lawrence S. Bird

Manager