

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glen E. Hooper
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 18, 2003 8:00
Secretary of State

1. DOCUMENT # M02000000362

Name and Mailing Address

0016857 01 MB 0.309 **AUTO T1 0 0615 89102-016812

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CONCEPT ASSET PROTECTION SYSTEMS, LLC
2801 S. VALLEY VIEW BLVD., SUITE 1B
LAS VEGAS NV 89102-0168

700624130101
11/18/03--01033--001 **150.00



REINSTATEMENT 2003

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
NV

5. Date Organized or Qualified
To Do Business in Florida 02/08/2002

Principal Place of Business

2801 S. VALLEY VIEW BLVD., SUITE 1B
LAS VEGAS NV 89102

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
88-0507277

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

REID, ROBERT C
3824 SE DIXIE HWY
STUART FL 34997

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

REQUIRED

REGISTERED AGENT MUST SIGN

Date 11/01/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	REID, ROBERT C	3824 SE DIXIE HWY	STUART FL 34997
MGR	REID, LYNETTE	3824 SE DIXIE HWY	STUART FL 34997

REINSTATEMENT 2003

12. 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

REQUIRED

Date 11/01/03 Daytime Phone # 772 220 4800

Typed or printed name of signing Managing Member/Manager

Robert C Reid