

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000003023

1. Limited Liability Company's Name

South Shore Promotion Concepts LLC

500186746685
10/15/10--01060--015 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 937 Banyan Drive		3. Mailing Office Address 937 Banyan Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
Zip 33483	Country USA	Zip 33483	Country USA

4. State/Country of Formation MI/USA	
5. Date Organized or Qualified To Do Business in Florida August 5, 2009	
6. FEI Number 20-8112898	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name NRAI Services, Inc.			
Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive			
Suite, Apt. #, Etc. Suite 4			
City Weston	State FL	Zip Code 33331	

FILED
2010 OCT 15 AM 10:38
TALLAHASSEE, FL
SECRETARY OF STATE

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 <i>Koniguel Rausor (Asst Sec)</i>	Date OCT 11, 2010
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	Corey Koopmans	937 Banyan Drive	Delray Beach, FL 33483
MGRM	Brianna Koopmans	937 Banyan Drive	Delray Beach, FL 33483
			J. SAULSBERRY EXAMINER
REINSTATEMENT 2010			OCT 18 2010

11. E-mail Address: boatersmate@gmail.com	
(To be used for future annual report notifications)	
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 <i>Bu Kp</i>	Date 10/11/10 Daytime Phone # (954) 261-5269
Typed or printed name of signing Managing Member/Manager Brianna Koopmans, Managing Member	