

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 MAY 17 AM 5:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

CONCEPT Investment

PO2 0000 29083

900035155429  
05/03/04--01014--008 \*\*300.00

2. Principal Office Address

9805 NW 35 COURT

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

City & State

Zip

Country

33351 U.S.

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

3/8/2002

5. FEI Number

030424607

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

SAM BRINSON

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

9805 NW 35 COURT

Suite, Apt. #, Etc.

City

SUNRISE

State

FL

Zip Code

33351

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

4.27.04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	SAM BRINSON	9805 NW 35 COURT	SUNRISE FL 33351

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Signature]*

Date

4.27.04

Daytime Phone #

CR2E081 (01/04)

Sam Brinson  
9805 nw 35 court  
Sunrise, Fl 33351  
954-261-4144  
954-525-4909 fax



# Concept Investment

April 27, 2004

Dear Sir or Madam:

I was recently informed by my accountant that my corporation was dissolved. This deeply concerns me due to the fact that I did not receive the annual report information. As a first time corporation owner I was unaware that this would result in Concept Investment being dissolved. I am writing this letter in hopes bringing Concept Investment back to current status. The proper fees have been included in this letter.

Your cooperation in this matter will be greatly appreciated. If you have any Questions regarding this matter please contact me immediately at the number above.

Sincerely,

Sam Brinson  
President

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