

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 31 AM 10:56

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P02000123348

1. Corporation Name

FLORIDA LIVING CONCEPTS, INC.

Principal Place of Business

Mailing Address

4014 EASTRIDGE CIR
POMPANO BEACH FL 33064

4014 EASTRIDGE CIR
POMPANO BEACH FL 33064



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

11/19/2002

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-1163326

Not Applicable

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	FELIU, MANUEL V	6290 NW 31 WAY	FT LAUDERDALE FL 33309
V	LEBLANC, MICHAEL J	4014 EASTRIDGE CIR	POMPANO BEACH FL 33064
P	FELIU, MANUEL V.	6290 NW 31 WAY	FORT LAUDERDALE, FL 33309
V	CATANO, FELIPE	4014 EASTRIDGE CIR	POMPANO BEACH, FL 33064
700024333197 10/31/03--01053--019 **150.00			

8. Name and Address of Current Registered Agent

WRIGHT, THOMAS H III ESQ
SILVER WRIGHT & SIEGEL, LLP
1600 S DIXIE HWY STE 300
BOCA RATON FL 33432

9. Name and Address of New Registered Agent

Name IVIS FELIU
Street Address (P.O. Box Number is Not Acceptable)
6290 NW 31st WAY
Suite, Apt. #, Etc.
City FORT LAUDERDALE State FL Zip Code 33309

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10/27/03

11. 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)(i), 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
MANUEL V. FELIU

Date 10/27/03

Daytime Phone # (954) 917-2727

CR2E040 (7/03)

FLORIDA LIVING CONCEPTS, INC.
4014 Eastridge Circle
Pompano Beach, FL 33064
Ph:(954)917-2727/fax:(954)917-2729

October 27, 2003

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Document No.: P02000123348

Dear Sirs:

We would like to inform you that Florida Living Concepts, Inc. did not receive any prior UBR notices. Therefore, we are requesting the reinstatement fee be waived.

Enclosed please find check #1044 in the amount of \$150.00 for the UBR filing fee, and the completed application.

Sincerely,



Manuel V. Felin
President

MVF/if