

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004995

Corporation Name
L. CONCEPT, INC.

Principal Place of Business
724 N W 16TH ST
SUITE 400
LAUDERHILL FL 33311

Mailing Address
3724 N W 16TH ST
SUITE 400
LAUDERHILL FL 33311
US

1997 NOV 24 AM 9:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/21/1993	
City & State		City & State		5. FEI Number 65-0384884	
Zip		Zip		Applied For	
Country		Country		Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
OFF	HAAS, STEVE	3724 N W 16TH ST	LAUDERHILL FL
OFF	LUCAS, JEAN	3724 N W 16TH ST	LAUDERHILL FL 33311
P	RANDOLPH G. LUCAS	3724 N W 16 ST.	LAUDERHILL FL 33311
DFT	LUCAS, Isabella Jean	3724 N W 16 th Street	Lauderhill, FL 33311
REINSTATEMENT			

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ELKIN, STEVEN C TRIPP, SCOTT CONKLIN & SMITH 110 S E 8TH ST 28TH FLOOR FT LAUDERDALE FL 33301		Name ISABELLA J. LUCAS Street Address (P.O. Box Number is Not Acceptable) 3724 N W 16 STREET Suite, Apt. #, Etc. SUITE 400 City LAUDERHILL	
		8000002360258--6 12/02/97-01017-017 ****750.00 FL 33311.00	

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.

Signature of Registered Agent: Isabella J. Lucas Date: 10/28/97

REGISTERED AGENT MUST SIGN

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes ☐ No ☒ (See other side for information on Intangible tax.)

12. 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: Isabella J. Lucas Date: 10/28/97 (954) 321-1014

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: ISABELLA J. LUCAS Daytime Phone #: 10/28/97

CR2040 (8/97)