


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION  **FLORIDA DEPARTMENT OF STATE**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701958
1. Corporation Name
 Concord Arms, Inc.

2. Principal Office Address 2830 NE 30th Street
3. Mailing Office Address 2830 NE 30th Street
 Suite, Apt. #, etc.

City & State Fort Lauderdale, Fl. Fort Lauderdale, Fl.
Zip 33306 **Country** USA 33306 USA

FILED
 06 JAN 27 AM 11:35
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 300065584463
 02/10/06--01072--004 **61.25
 CR2E081 (12/05)
4. Date Incorporated or Qualified To Do Business in Florida JAN 12 1968
5. FEI Number 59-0871729 **Applied For** **Not Applicable**
6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name Lazure, Diane
Street Address (P.O. Box Number is Not Acceptable) 2830 NE 30th STREET B 2/13/04
Suite, Apt. #, Etc. #2
City FORT LAUDERDALE FL **State** FL **Zip Code** 33306

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 Diane Lazure **Date** 01-23-06
 REGISTERED AGENT MUST SIGN

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. | Manfro, Jerry D | 2830 NE 30 th STREET #16 | Ft Lauderdale, Fl. 33306 |
| VP | Pateras, Eileen D | 2830 NE 30 th ST #3 | Ft Lauderdale, Fl. 33306 |
| Secy | Lazure, Diane T | 2830 NE 30 th St #2 | Ft Lauderdale, Fl 33306 |
| Dir | Duffy, Richard D | 2830 NE 30 th St #9 | Ft Lauderdale, Fl 33306 |
| Dir | Zimmerman, Good | 2830 NE 30 th St #12 | Ft Lauderdale, Fl 33306 |

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 contained in Chapter 119, 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: DIANE LAZURE Diane Lazure **Date** 01-23-06
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Daytime Phone #**