

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
2022 OCT 31 AM 8:11

DOCUMENT # 219181

1. Corporation Name

Concord House Inc.  
reinstatement 2019-2022

2. Principal Office Address - No P.O. Box #

101 Collins Ave.

Suite, Apt #, etc

City & State

Miami Beach, FL

Zip

33139

Country

USA

3 Mailing Office Address

1521 Alton Road, #703

Suite, Apt #, etc

City & State

Miami Beach, FL

Zip

33139

Country

USA

4 Date Incorporated or Qualified  
To Do Business in Florida

4-5-59

5 FBI Number

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

Maxwell Management Corp

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

1521 Alton Road, #703

Suite, Apt #, Etc

Miami Beach, FL 33139

City

State

FL

Zip Code

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

*E. Maxwell*

REGISTERED AGENT MUST SIGN

Date

10/21/22

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	Ernesto Enriquez	101 Collins Ave	Miami Beach, FL 33139
Tres	Christine Madrigal	101 Collins Ave	Miami Beach, FL 33139
Dir	Greg McDonald	101 Collins Ave	Miami Beach, FL 33139
Dir	James Stein	101 Collins Ave	Miami Beach, FL 33139
Dir	Ron Rich III	101 Collins Ave	Miami Beach, FL 33139

10. E-mail Address:

(To be used for future annual report notification)

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. and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817 155, F.S.

SIGNATURE:

*Christine Madrigal*

Christine Madrigal 10/21/22

Date

Daytime Phone #

780-777-2101

ASR