

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 25 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03 00000 4159

1. Corporation Name

CONCORD FINANCIAL, INC.

2. Principal Office Address - No P.O. Box #
19380 COLLINS AVE #1220

3. Mailing Office Address

5973 NW 201 TERR

Suite, Apt. #, etc.

1220

Suite, Apt. #, etc.

City & State

FL

City & State

MIAMI, FL

Zip

33160

Country

USA

Zip

33015

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/13/2002

5. FEI Number

02-0549263

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

CHIMA A. BUREY

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

5973 NW 201 TERR

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33015

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

REGISTERED AGENT MUST SIGN

Date 9/20/07

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
P	RUPERT K. BUREY	5973 NW 201 TERR	MIAMI, FL 33015
S	CHIMA A. BUREY	19380 COLLINS AVE #1220	SUNNY ISLES BEACH, FL 33160

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09/25/07--01034--020 **300.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/07

Daytime Phone #

786-586-3322