

2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED

05 FEB 28 PM 1:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01202005 REIN-P CR2E098 (6/04)

DOCUMENT # J02384 1. Entity Name CONCORD TELECOMMUNICATION SYSTEMS, INC.					
Principal Place of Business 3249 W. CYPRESS, SUITE A TAMPA, FL 33607-5109			Mailing Address 3249 W. CYPRESS, SUITE A TAMPA, FL 33607-5109		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2808691	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SZELEST, PAUL H 3249 WEST CYPRESS, SUITE A TAMPA, FL 33629				7. Name and Address of New Registered Agent Name Szelest, Paul H Street Address (P.O. Box Number is Not Acceptable) 3249 West Cypress St. Suite A City Tampa FL 33607	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u><i>Paul Szelest</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>2/23/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$900.00					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP SZELEST, PAUL H 2610 S. DUNDEE STREET TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200048186522 03/11/05--01006--003 **908.75	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP SZELEST, VIRGINIA A 2610 S. DUNDEE STREET TAMPA, FL 33629		TITLE NAME STREET ADDRESS CITY - ST - ZIP	0405	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Paul Szelest</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>2/23/05</u> <small>Daytime Phone #</small>	