

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Secretary of State

DIVISION OF CORPORATIONS

FILED

03 APR -1 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

J02384

1. Corporation Name

Concord Telecommunications Systems, Inc.

2. Principal Office Address

3249 W. Cypress St.

Suite, Apt. #, etc.

Suite A

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

3. Mailing Office Address

3249 W. Cypress St.

Suite, Apt. #, etc.

Suite A

City & State

Tampa, FL

Zip

33607

Country

Hillsborough

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

03/01/1986

5. FEI Number

59-2808691

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

Paul H. Szelest

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

3249 W. Cypress St. Suite

Suite, Apt. #, Etc.

Suite A

City

Tampa

900014318829

03/18/03--01048--002 **750.00

State

FL

Zip Code

33607

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 3/12/03

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
DP	Szelest, Paul H.	2610 S. Dundee ST	Tampa, FL 33629
DVP	Szelest, Virginia A	2610 S. Dundee ST	Tampa, FL 33629

900014318829
04/01/03--01044--012 **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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/03

Date

813-878-0068

Daytime Phone #

CR2E081 (9/01)