

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 OCT 24 PM 1:41

DOCUMENT # **M25214**

1. Corporation Name

CONCEPTS & RESEARCH, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



100024090494

10/24/03 - 01/04/04 - 025 - **750.00

Principal Place of Business Mailing Address
2320 CYPRESS BEND DRIVE SOUTH
#303D
POMPANO BEACH FL 33069
2320 CYPRESS BEND DRIVE SOUTH
#303D
POMPANO BEACH FL 33069
If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable 3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. Date Incorporated or Qualified To Do Business in Florida

12/31/1985

5. FEI Number

59-2631775

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	NOVAK, PATRICIA H	2320 CYPRESS BEND DRIVE SOUTH, #	POMPANO BEACH FL 33069

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RITTER, GREGORY J ESQ.
7000 W. PALMETTO PARK RD.
SUITE 400
BOCA RATON FL 33433

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE

REGISTERED AGENT MUST SIGN

Date

10/22/03

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., 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

Date

Daytime Phone #

Patricia H Novak - **PATRICIA H Novak - 10-21-03 -**

754-972-4457

CR2E040 (7/03)