

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVAL  
FILED

11/2

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

05 DEC 27 AM 10:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # M47825

1. Corporation Name

Concord P.A. Corporation

2. Principal Office Address

12805 S.W. 105 Terrace

Suite, Apt. #, etc.

City & State

Miami, Florida

Zip

33186

Country

US

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT**

88-05

4. Date Incorporated or Qualified  
To Do Business in Florida

03-06-87

5. FEI Number

59-5865879

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$5.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Filemon Ortega

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

12805 S.W. 105 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33186

800063316745  
01/10/06--01035--018 \*\*2382.50

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

12/23/05

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	Gerardo J. Ortega	12805 S.W. 105 Terrace MIAMI, FL 33186	
V	Emilio Agudo	12805 S.W. 105 Terrace MIAMI, FL 33186	

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/23/05 305-336-6633

Daytime Phone #

Doc # M47825

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Concord P.A. Corporation

Please be that the reason that I didn't pay  
the 1988 payment or report was because we  
never received it.

Please accept my payment of \$2382.50  
for all the year we did not pay without  
penalty. Thank you in advance

 J. B. Green President