

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14828

1. Corporation Name

CONCEN CONDOMINIUM ONE
ASSOCIATION, INC.

2. Principal Office Address - No P.O. Box #

3628 N.W. 16 ST.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 190670

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL.

City & State

FT. LAUDERDALE, FL.

Zip

33311

Country

BROWARD

Zip

33319

Country

BROWARD

7. Name and Address of Current Registered Agent

Name

KARON CULVER

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

3628 N.W. 16 ST.

Suite, Apt. #, Etc.

City

LAUDERHILL

State

FL

Zip Code

33311

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

Karon Culver

REGISTERED AGENT MUST SIGN

Date 2/22/12

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
PRES	TODD JAFFY	3628 NW 16 ST.	LAUDERHILL, FL. 33311
V.P.	FRANK SOSKA	3690 NW 16 ST	LAUDERHILL, FL. 33311
SEC	GREG JAFFY	3628 NW 16 ST.	LAUDERHILL, FL. 33311
TREAS	MARK KARMATZ	3654 NW 16 ST.	LAUDERHILL, FL. 33311

MAR 26 2012

T. SCOTT

10. E-mail Address: NONE

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Todd Jaffy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD JAFFY, Pres 2/22/12

Date

Daytime Phone #

581-6117

FILED

12 MAR 23 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 10-12

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

1986

5. FEI Number

59-2699744

Applied For

Not Applicable

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

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02/24/12--01042--013 **367.50