


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P01000097766 1. Entity Name CONCORDE GROUP WORLDWIDE, INC.						FILED 05 JAN 19 PM 5:14 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 9900 W SAMPLE RD STE 300 CORAL SPRINGS, FL 33065				Mailing Address 9900 W SAMPLE RD STE 300 CORAL SPRINGS, FL 33065			
2. Principal Place of Business 17911 SW 63 Manor				3. Mailing Address 17911 SW 63 Manor			
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 			
City & State SW Ranches FL				City & State SW Ranches FL			
Zip 33331		Country USA		Zip 33331		Country USA	
4. FEI Number 03-0383258				<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent THURMOND, REBECCA 6201 NW 120TH DRIVE CORAL SPRINGS, FL 33076				7. Name and Address of New Registered Agent Name Rebecca Thurmond Street Address (P.O. Box Number is Not Acceptable) 17911 SW 63 Manor City SW Ranches FL Zip Code 33331			
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>Rebecca Thurmond</i></u> DATE <u>1-1-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE D <input type="checkbox"/> Delete NAME THURMOND, REBECCA STREET ADDRESS 6201 NORTHWEST 120TH DRIVE CITY-ST-ZIP CORAL SPRINGS, FL 33076				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 17911 SW 63 Manor address STREET ADDRESS SW Ranches FL 33331			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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>Rebecca Thurmond</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1-1-05</u> Daytime Phone # <u>9542947860</u>			



REINSTATEMENT 01-05

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