

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR -6 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PO2000058012
1. Corporation Name Concierge Connection Inc.

2. Principal Office Address 7667 W. Sample Rd
Suite, Apt. #, etc. Suite 115
City & State Coral Springs, FL
Zip 33065 Country U.S.A

3. Mailing Office Address 7667 W. Sample Rd
Suite, Apt. #, etc. #115
City & State Coral Springs, FL
Zip 33065 Country U.S.A

REINSTATEMENT 03-04

4. Date Incorporated or Qualified To Do Business in Florida 5/24/2002

5. FEI Number 74-3045005 EIN# 74-3045005 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 Cindy M. Schwartz
Street Address (P.O. Box Number is Not Acceptable) 11833 NW 30th Court # A - North
Suite, Apt. #, Etc. Coral
City Coral Springs, FL State FL Zip Code 33065

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

Signature of Registered Agent Cindy M. Schwartz Date 4/2/04
REGISTERED AGENT MUST SIGN

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.	<u>Cindy M. Schwartz</u>	<u>11833 NW 30th Ct #A</u>	<u>Coral Springs 33065</u>
Sec.			
Trea.			

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: Cindy M. Schwartz Cindy M. Schwartz Date 4/2/04 Daytime Phone # 954-255-9898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20001 (1/04)



A Private Concierge Service

Cindy M. Schwartz

President and CEO

7667 West Sample Road, Suite 115, Coral Springs, FL 33065

Tel: (954) 255-9898 ~ Fax: (954) 255-9895

Web: conciergeconnection.net E-mail: cindy@conciergeconnection.net

April 2, 2004

Florida Department of State
Division of Corporations
Profit Reinstatement Department
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madame:

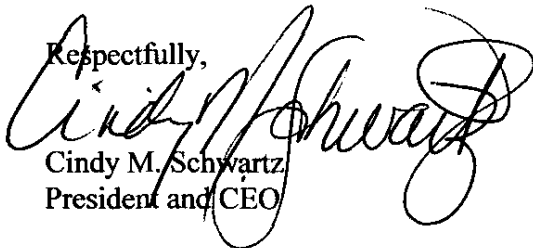
It is with great distress that I have learn that my corporation was dissolved for administrative reasons. I contacted your office to get and explanation and found that you did not receive my annual report. It was the first year of operation and we did not receive any documents to submit to you for this reason.

I am sending you my company check #5187 in the amount of \$300.00 per your office and requesting that you please waive the reinstatement fee.

I want to conclude by saying that remaining in good standing with the State of Florida is VERY important to me and that I never would have missed your filing requirements or deadline had the information reached me.

I appreciate your time and attention with this serious matter.

Respectfully,



Cindy M. Schwartz
President and CEO

cc: file
Accounting

CMS/cms/me