

10f2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

07 JAN 31 AM 7:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 04 000159405

1. Corporation Name

FIRST CONCORD SERVICES INC
6770 Douglas Street
Hollywood, FL 33024

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

6770 Douglas Street
Suite, Apt. #, etc.

3. Mailing Office Address

6770 Douglas Street
Suite, Apt. #, etc.

City & State

Hollywood FL

Zip

33024

Country

USA

City & State

Hollywood FL

Zip

33024

Country

USA

REINSTATEMENT

**4. Date Incorporated or Qualified
To Do Business in Florida**

11-23-04

5. FEI Number

☒ 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

BAMIDELE ADEGBA

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

6770 Douglas Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33024

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 1-20-07

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
D	BAMIDELE ADEGBA	6770 Douglas Street	Hollywood, FL 33024
D	SHAKIRAT ADEGBA	6770 Douglas Street	Hollywood, FL 33024

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 contained in Chapter 119, 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

1-20-07

Date

305-652-1055

Daytime Phone #

B. Mitchell JAN 31 2007

2082

First Concord Services, Inc.
6770 Douglas Street
Hollywood FL 33024

January 19, 2007

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

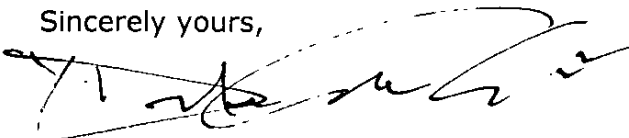
Doc Number: P04000159405

To Whom It May Concern:

Please excuse the tardiness of the report, the company did not receive the UBR due to relocation. I had phoned your office and a representative told me to send in a letter stating the tardiness of the report and I will not be liable for the penalty. Kindly update your records accordingly.

Thank you for you kind cooperation regarding this matter.

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Bob Bamidele Adeoba', written over a horizontal line.

Bob Bamidele Adeoba
President