PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
15 AUG 11 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E081 (11/10)

DOCUMENT # P94000032035

1. Corporation Name CONCORDE LOVING CARE

2. Principal Office Address - No P.O. Box #
13 Pope Lane
Suite, Apt. #, etc.
Palm Coast, Florida
City & State
32164
Zip
32164
Country
North America

3. Mailing Office Address
6 Ryley LN
Suite, Apt. #, etc.
PALM COAST FL.
City & State
32164
Zip
FIAGER
Country

4. Date Incorporated or Qualified To Do Business in Florida 1994

5. FEI Number 593252138 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Current Registered Agent

Name
IDA M HARRIS
Street Address (P.O. Box Number is Not Acceptable)
6 Ryley LANE
Suite, Apt. #, Etc
City
PALM COAST
State
FL
Zip Code
32164

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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 Ida M. Harris Date 8/1/15
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	IDA M HARRIS	6 RYLEY LANE	PALM COAST, FL 32164
ADMINISTRATOR	IDA M. HARRIS	6 RYLEY LANE	PALM COAST, FL 32164

REINSTATEMENT

AUG 11 2015
R. HUNT

10. E-mail Address: CONCORDELOVINGCARE@YAHOO.COM
(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: Ida M. Harris IDA M HARRIS 8/1/15 386 686 4497
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #