PLEASE READ		ONS BEFORE C	OMPLETI	NG THIS FORM	<♪	
	Contraction of State			TALEON TRACTOR		
DOCUMENT # P97000044112 1. Corporation Name			Contraction of the second			
CONCORD INSURANCE Cor				00201836 4/110100501	064	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address		SS 170 CAFL				
<u>245()</u> <u>SW</u> <u>131</u> <u>AUE</u> <u>1.0. Sox</u> Suite, Apt. #, etc. Suite, Apt. #, etc.		1/10/156	CR2E081 (12/07)			
210		4. Date Incorporated or Qualified To Do Business in Florida				
City & State MIJAMI, Fl. MIAMI		CI T		5. FEI Number Applied For		
Zip Country		Country		6. Starting and the starting of the starting o		
35115 USA	55111	LUSA	CERTIFICATE		or a Certificate of Status	
Name The reinstatement fee is imposed, except in						
JUAN- CLAUBILO DE LOS JANTOS				circumstances which the entity did not receive		
2.450, SW. 137 AVE			the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.			
City MIANI State Zip Conte MIANI FL 33175						
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 Date Date					12-11	
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 Street Address of Eac			h	City / Sta	te / Zlp	
		ANTOS 2450 SW 13		· · · · · · · · · · · · · · · · · · ·		
P Juan Claudio	DE los SAN	105 2450	50131	AVE MIUMI	FL 33175	
· · · · · · · · · · · · · · · · · · ·					ne d	
		P	04/1	10201830 1/11-01005-013	UE-4 **1000.00	
REINSTATEMENT						
1999-2011			4	00201830 4/110100501-		
TTH GUI	S. H	AWKES		47110100301	* **1000.00	
APK 1 4: 2011 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						
10. I certify that I am an officer or director or the receiver or frustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 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 individual path of off the dot qualify for an examption contained in Chapter 119, F.S. The information indicated is on this application is true and accurate, and my signature shall have the same safe from as if made under oath.						
SIGNATURE: 04-12-11						
SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR Date Deviting Phone #						

I.

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