PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

ACCEPTED AND FILED
99 NOV 23 PM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000004917

1. Corporation Name
CONCERTO, INC.

Principal Place of Business
P.O. BOX 4910
Seaside, FL 32459

Mailing Address
P.O. BOX 4910
SEASIDE, FL 32459

If any addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.
City & State
Zip | Country

4. Date Incorporated or Qualified To Do Business in Florida: Dec 29, 1997

5. FEI Number: 59-3486035 | Applied For | Not Applicable

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

7. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	1 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
President	Dorsey H. Delavigne, Jr	464 WOOD BEACH DR ~~SEAGROVE, FL~~	Seagrove FL 32459
Sec.	Shayna A. Stillman	464 WOOD BEACH DR	Seagrove, FL 32459

400003063764--5
-12/08/99--01003--011
****300.00 ****300.00

98-99AR

8. Name and Address of Current Registered Agent
Dorsey H. Delavigne, JR
464 WOOD BEACH DR.
Seagrove, FL. 32459

9. Name and Address of New Registered Agent
Name: Same
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State: FL | Zip Code

CR2E081 (12/98)

10. I hereby appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of New Registered Agent: Dorsey H Delavigne Jr. Date: 11-23-99
REGISTERED AGENT MUST SIGN

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☐ No ☑ (See other side for information on intangible tax.)

I hereby 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: Dorsey H Delavigne Jr. 11-23-99 650 231 1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
DORSEY H DELAVIGNE JR.

11/23/99

To whom it may concern:

Concerto, Inc. never received annual Report mailing from the State of Florida because the State has not correctly filed our mailing address.

Due to not receiving the Annual Report our Corporation has lapsed and we want to reinstate the Corporation and request late fees and/or penalties be waived.

Sincerely.

Kirsey H. Ellenzweig.