

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

99 DEC 10 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000096837

1. Corporation Name

CONCORD MAILERS, INC.

Principal Place of Business

Mailing Address

18700 NW 11 PLACE
MIAMI FL 33169

18700 NW 11 PLACE
MIAMI FL 33169

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

2. New Principal Office Address, if Applicable

19410 NW 4 ct
Suite, Apt. #, etc.

Pembroke Pines
City & State

FLORIDA
Zip 33029 Country USA

3. New Mailing Office Address, if Applicable

19410 NW 4 ct
Suite, Apt. #, etc.

Pembroke Pines, FL
City & State

33029
Zip Country USA

4. Date Incorporated or Qualified
To Do Business in Florida

11/13/1998

5. FEI Number

65-0877501

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

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

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	BRAITHWAITE, MARLENE	18700 NW 11 PLACE	MIAMI FL 33169
D	KATHLEEN SHIM	19410 NW 4 ct	Pembroke Pines, FL 33029

REINSTATEMENT 99 11/13/99 00003076591--0
-12/21/99--01055--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRAITHWAITE, MARLENE
18700 NW 11 PLACE
MIAMI FL 33169

Name KATHLEEN SHIM (New Director)
Street Address (P.O. Box Number is Not Acceptable)
19410 NW 4 ct
Suite, Apt. #, Etc.
City Pembroke Pines State FL Zip Code 33029

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

Signature of
Registered Agent

KATHLEEN SHIM
REGISTERED AGENT MUST SIGN

Date 10/28/99

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., 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:

KATHLEEN SHIM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/99 (954)
441-7345
Date Daytime Phone #