

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT



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

FILED

01 OCT 29 PM 3:19

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 410454
 1. Corporation Name
 CON-TECH, INC.

2. Principal Office Address 4725 Hesperides Ave. Suite, Apt. #, etc.		3. Mailing Office Address 4725 Hesperides Ave. Suite, Apt. #, etc.	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33614	Country USA	Zip 33614	Country USA

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida: 8-18-89

5. FEI Number: 59-2967888
 Applied For: Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$37 Fee Additional Fee required for a Certificate of Status

09-01

7. Name and Address of Current Registered Agent

Name: Frank Bragano
 Street Address (P.O. Box Number is Not Acceptable): 4725 Hesperides Avenue
 Suite, Apt. #, Etc.:
 City: Tampa, Florida
 State: FL Zip Code: 33614

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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 607.0906 or 617.0803, F.S.

Signature of Registered Agent: [Signature] Date: 10-26-01
 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
P/D	Andrew Lynch	4725 Hesperides Avenue	Tampa, FL 33614
S/T/D	Frank Bragano	4725 Hesperides Avenue	Tampa, FL 33614

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 under section 119.07(3)(f), 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: Frank Bragano, director/secretary Date: 10/16/01 (813) 414-0705
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CRS2001 10/05