

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

pg 10F2

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV -8 PH 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
3000086261280A
10/28/02--01087--002 **150.00

DOCUMENT # P01000038069

1. Corporation Name

ARCON ENGINEERING GROUP, INC.

Principal Place of Business

Mailing Address

12786 W DIXIE HWY
N MIAMI FL 33161

12786 W DIXIE HWY
N MIAMI FL 33161

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

04/11/2001

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

651139601

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
D	LAPLANTE, ADNER	13651 NE MIAI CT	N MIAMI FL 33161
D	AURELUS, CLECE	145 NE 165 ST	N MIAMI FL 33162
D	REYES, NELLY	1060 SPRING GARDEN RD, #7	MIAMI FL 33136
D	BENOIT, FRED	420 NE 145 ST	MIAMI FL 33161

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

AURELUS, CLECE
145 NE 165 ST
N MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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. or 617.0505, F.S.

Signature of
Registered Agent

Clece Aurelius
REGISTERED AGENT MUST SIGN

Date 10.24.02

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: *Adner Lapante*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/24/02 (305) 897-9465
Date Daytime Phone #

CR2E040 (8/02)

PS 20F2

ARCON

Arcon Engineering Group, Inc.
12786 WEST DIXIE HIGHWAY ~ North Miami, Florida 33161
Phone (305) 899-9465 ~ Fax (305) 899-9580

Miami, 10/24/2002

FLORIDA DEPARTMENT OF STATE

Mr. Jim Smith
Secretary of state
Division Corporations
PO Box 6327
Tallahassee Florida 32314-6327

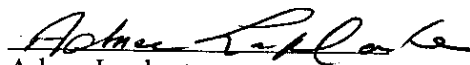
Dear Official

Arcon Engineering, a company located at 12786 W. Dixie Hwy. Miami, Florida has received a **CERTIFICATE OF ADMINISTRATIVE DISSOLUTION OR REVOCATION** from your office for failing to file its 2002 corporation annual report/uniform business report. According to our research, the Arcon Administration has not received any prior uniform business report (UBR) notices. Therefore, Arcon is asking for a waiver for the reinstatement fee.

As per our conversation with one of the personnel, we include with this statement in the envelope the completed application for reinstatement and the appropriate UBR fee (\$150.00).

Thanks for your prompt response.

If you have any questions, please do not hesitate to contact the company's office at (305) 899-9465


Adner Laplante
Project Manager