PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. Pg 1 of 2

APPLICATION FOR REINSTATEMENT

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

FILED
02 NOV -8 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000038069

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10/28/02--01087--002 **150.00

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/11/2001

5. FEI Number: 651139601 ☐ 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 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

CR2E040 (8/02)

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 AURELUS SIGNATURE REQUIRED Date: 10.24.02

REGISTERED AGENT MUST SIGN

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: SIGNATURE REQUIRED ADNER LAPLANTE 10/24/02 (305)899-9465

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P52052

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