PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 10 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02000029617**

1. Corporation Name

CONNORS CAPITAL MANAGEMENT, INC.

Principal Place of Business	Mailing Address
1980 NORTH A1A SUITE#402 COCOA BEACH FL 32931	1980 NORTH A1A SUITE#402 COCOA BEACH FL 32931

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

REINSTATEMENT 03

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: 03/19/2002

5. FEI Number: 33-0997592 ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	CONNORS, JUSTIN M	360 RIGGS AVE	MELBOURNE BEACH FL 32951
~~V~~	~~GANIBAN, GARY~~	~~1818 HWY A1A #306~~	~~INDIAN HARBOR BEACH FL 32937~~

700024567167
11/10/03--01077--018 **750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
CONNORS, JUSTIN M 360 RIGGS AVE MELBOURNE BEACH FL 32951	Name: Justin Connors Street Address (P.O. Box Number is Not Acceptable): 124 West Coragpen Lane Suite, Apt. #, Etc.: City: Cocoa Beach State: FL Zip Code: 32931

CR2E040 (7/03)

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: (X) SIGNATURE Justin M Connors
REGISTERED AGENT MUST SIGN
Date: 11/7/03

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 Justin M Connors
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 11/7/03
Daytime Phone #: 321-868-0732