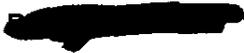


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

Page 1 of 2

**CORPORATION**  
  
  
**FLORIDA DEPARTMENT OF STATE**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**  
 03 AUG -6 AM 10:34  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P99000032835**  
 1. Corporation Name  
**MCONN TECHNOLOGIES, INC.**

900022292289  
 08/13/03--01072--004 \*\*\$600.00

2. Principal Office Address <b>371 MENASHE CT.</b>		3. Mailing Office Address <b>371 MENASHE CT.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LONGWOOD, FL</b>		City & State <b>LONGWOOD, FL</b>	
Zip <b>32779</b>	Country <b>US</b>	Zip <b>32779</b>	Country <b>US</b>

4. Date Incorporated or Qualified To Do Business in Florida <b>04/09/1999</b>	
5. FEI Number <b>59-3571401</b>	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

**7. Name and Address of Current Registered Agent**

Name **KEVIN KASTNER**

Street Address (P.O. Box Number is Not Acceptable) **371 MENASHE CT.**

Suite, Apt. #, Etc.

City **LONGWOOD** State **FL** Zip Code **32779**

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent Kevin H. Kastner Date **8/5/03**

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	KEVIN KASTNER	371 MENASHE CT.	LONGWOOD, FL 32779
D	JOHN SHEALY	1701 THE GREENWAY #725	JACKSONVILLE BEACH, FL
D	KATHLEEN BRAIDE	6820 CALLE DEL PAZ	BOCA RATON, FL 33433
		<b>00-03 TS</b>	

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)(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: Kevin H. Kastner **Kevin H. Kastner** Date **8/5/03** Daytime Phone # **407-774-1417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E081 (10/02)



PAYC 2αB



[www.metroconnect.cc](http://www.metroconnect.cc)

August 5, 2003

To whom it may concern,

Please be advised that in 1999, I was utilizing the services of an attorney as my registered agent. Sometime thereafter, his firm was acquired and he moved to the new firm. It has recently come to my attention that in the transition, he overlooked his duties as our agent and the maintenance of our corporate information with the state was allowed to lapse. At no time was I ever given any notification that this was not being done nor was I provided the appropriate paper work, which would have allowed me to maintain our records in good order with the state.

Consequently, I am requesting that you waive any penalties for this oversight and accept a check in the amount of \$620.00 to re-activate my company.

Sincerely,

A handwritten signature in black ink that reads "Kevin H. Kastner".

Kevin H. Kastner  
President - Mconn Technologies, Inc.