


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.

2. Principal Office Address

371 MENASHE CT.

3. Mailing Office Address

371 MENASHE CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

LONGWOOD, FL

City & State

LONGWOOD, FL

Zip

32779

Country

US

Zip

32779

Country

US

4. Date Incorporated or Qualified
To Do Business in Florida

04/09/1999

5. FEI Number

59-3571401

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$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
		00-03 TS	

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/5/03

Date

407-774-1417

Daytime Phone #

CR2E081 (10/02)



PAGE 2 of 2



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,

Kevin H. Kastner
President - Mconn Technologies, Inc.