

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 FEB 11 AM 11:12

DOCUMENT #

632921

1. Corporation Name

Telcon, Inc.

2. Principal Office Address

4341 NW 19th Ave

Suite, Apt. #, etc.

3. Mailing Office Address

4341 NW 19th AVE

Suite, Apt. #, etc.

City & State

Pompano Beach, FL

City & State

Pompano Beach, FL

Zip

33064

Country

Broward

Zip

33064

Country

Broward

REINSTATEMENT

02-04
MRS

4. Date Incorporated or Qualified
To Do Business in Florida

8/16/1979

5. FEI Number

591939248

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

D'Alessandro, Giovanni

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

5999 NW 62 Terrace

Suite, Apt. #, Etc.

City

Parkland

State

FL

Zip Code

33064

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

REGISTERED AGENT MUST SIGN

Date

01/27/04

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
VS	D'Allessandro, Giovanni	5999 NW 62 Terrace	Parkland, FL 33064
S	D'Alessandro, Francesco	2342 NE 25 Street	Lighthouse Point, FL 33064

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/04

Daytime Phone #

954-979-0567

CR2E081 (10/02)