2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F0300005686 1. Entity Name TELECON COMMUNICATIONS CORP.								
TELECON	COMMUNICATIONS COR	r.			08 KOV 17 AM 9:06			
2855 S CONGRESS AVE.		Mailing Address 205 W WACLER #2333 CHICAGO, IL 60606 US			ALLAHASSEE, FLORIDA			
	ace of Business - No P.O. Box #	Tech Aven						
Suite, Apt. #, etc.		Suite, Apt. #, etc.)	Suite, Apt. #, etc. //		REIN-P	CR2E098 (1/07)		
City & State	3	City & State Orlando, F	Orlando, Fl		hber Applied For Not Applicable		•	
Zip	Country	32817	Country Orange		e of Status Desired	See Require		
	6. Name and Address of Current F	Registered Agent	Name-	7. Name an	d Address of New Reg	gistered Agent	-	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Cod	е	
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office or	registered agent, or b	oth, in the State of Flori	da. I am familiar with,	and accept	
SIGNATURE_	ions or registered agent.							
SIGIVATORE	Signature, typed or printed name of registered agent a	nd tide if applicable. [NOTE	:: Registered Agent signs	ture required when reinstatin	g)	DATE		
	.E NOW!!! FEE IS \$150.00 nuary 1, 2009, Fee will be \$300.0	0			In accordance wi corporation did n	th s. 607.193(2)(b), ot receive the prior	F.S., the notice.	
10.	OFFICERS AND		11.	***	S/CHANGES TO OFFIC			
NAME STREET ADDRESS CITY-ST-ZIP	CEOP PATTON JR, JOHN S 2855 S. CONGRESS AVE. DELRAY BEACH, FL 33445	🔼 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO John S. Po 2855 S. Delray R	atton Jr. Congress Ave Leach, FL 33°	Æ Change ₹ ·	noisibbA 🔲	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GOMEZ QUINTERO, GEORGE 2855 S. CONGRESS AVE. DELRAY BEACH, FL 33445	⋈ Delete	11TLE NAME STREET ADORESS CITY-ST-ZIP	President Randall F	-/CHO	☐ Change	⊠ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DOHERTY, JIM 2855 S CONGRESS DELRAY BEACH, FL 33445	l ⊠ Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	11.	770:138	C109152 6024 **I	, Addition 50.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
12. I hereby indicated of the co changed	certify that the information expolied with d on this report or supplemental report is reporation or the receiver or trustee emp t, or on an attachment with an address	this filing does not qualify fo true and accurate and that i wered to execute this report with all other like empowered	or the exemptions on the signature shall he as required by Chall.	ontained in Chapter 1 lave the same legal eff apter 607, Florida Statu	19, Florida Statutes. I fi fect as if made under or utes; and that my name	urther certify that the ath; that I am an office appears in Block 10 o	nformation r or director or Block 11 if	
SIGNAT	TURE: (/ /	PRINTED NAME OF SIGNING OFFICER	Randali	P. Huench	10/27/18	561-454 Daysme Phone #	4-5041	

11/1800