


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # G17202</b> 1. Entity Name <b>CORDCON CAPITAL CORPORATION</b>						<b>FILED</b>  05 FEB 14 AM 9:57  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3823 OWENS RD YULEE, FL 32097 US</b>				Mailing Address <b>1556 3RD AVE. SUITE 504 NEW YORK, NY 10128 US</b>			
2. Principal Place of Business <b>581705 WHITE OAK RD.</b>				3. Mailing Address Suite, Apt. #, etc.			
City & State <b>YULEE FL</b>				City & State			
Zip <b>32097</b>		Country <b>USA</b>		Zip		Country	
6. Name and Address of Current Registered Agent  <b>HENDERSON, GROVER J. 3823 OWENS RD YULEE, FL 32097</b>				7. Name and Address of New Registered Agent Name <b>HENDERSON, GROVER J</b> Street Address (P.O. Box Number is Not Acceptable) <b>581705 WHITE OAK ROAD</b> City <b>YULEE</b> FL Zip Code <b>32097</b>			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <b>GROVER J HENDERSON</b> DATE <b>2/10/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$900.00</b>				<b>400046901744</b> <b>02/21/05--01010--011 **\$900.00</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DAVIS, WILLIAM 3823 OWENS ROAD YULEE, FL 32097 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Barbara R. Bergreen 581705 White Oak Road Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HENDERSON, GROVER J. 3823 OWENS ROAD YULEE, FL 32097 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Henderson, Grover J. 581705 White Oak Road Yulee, FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIEGEL, JEROME A. 1556 3RD AVE., SUITE 504 NEW YORK, NY 10128 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT SIEGEL, JEROME A. 1556 3RD AVE., SUITE 504 NEW YORK, NY 10128 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERGREEN, BERNARD D. 3823 OWENS ROAD YULEE, FL 32097 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Bergreen, Bernard D 581705 White Oak Road Yulee FL 32097 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <b>Jerome A Siegel</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				DATE: <b>2/10/05</b> DAYTIME PHONE: <b>212-410-7555</b>			