2005 FOR PROFIT CORPORATION REINSTATEMENT

| DOCUMENT # G1720 | | FIL. | ED. | |
|--|---|--|---------------------------------------|---|
| 1. Entity Name CORDCON CAPITAL CORPO | | O5 FEB I | 4 AM 9:57 | |
| | | | SECRETAD | COUSTATE |
| Principal Place of Business 3823 OWENS RD | Mailing Address 1556 3RD AVE. | | TALLAHASS | FE, FĽOĐÍJA |
| YULEE, FL 32097 US | SUITE 504 New York, ny 10128 | B US | | UST BIDGE BEDIT DUSH BIDIK BIDIK DODIFADA 10 OFBU |
| 2. Principal Place of Business S81705 WHITE O | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 01312005 REIN-P | CR2E098 (6/04) |
| City & State YULEE FL | City & State | | 4. FEI Number 22-2722457 | Applied For Not Applicable |
| 32097 Country | Zip ·- | Country | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| 6. Name and Address of | Current Registered Agent | Name | 7. Name and Address of New | · - |
| HENDERSON, GROVER J. | H €/ | Street Address (B.O. Box Mumber in Net Accordable) | | |
| 3823 OWENS RD YULEE, FL 32097 | 3817 | 705 WHITE DI | FK ROAD | |
| | | City Y | ULEE . | FL 3º5% |
| 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 GROVER J HENDERSON 2/10/05 | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent eignature required when reinstating) / DATE | | | | |
| FILE NOW!!! FEE IS \$900 | D.00 | • | 400046 02/2\/050101 | 901744 0011 **300.00 |
| 10. OFFICE | 11. | ADDITIONS/CHANGES TO OF | FICERS AND DIRECTORS IN 11 | |
| TITLE P NAME DAVIS, WILLIAM | Delete | TITLE NAME | Barbara R. Bergvet 581705 White Od | ☐ ☐ Ghange ☐ Addition |
| STREET ADDRESS 3823 OWENS ROAD CITY-ST-ZIP YULEE, FL 32097 | | STREET ADDRESS | 581705 White Od Yulee , FL 32 | 097 |
| TITLE V | ☐ Delete | | ····· | |
| | HENDERSON, GROVER J. 3823 OWENS ROAD | | Henderson Grove 581705 White Oak | Road |
| CITY-ST-ZIP YULEE, FL 32097 | | STREET ADDRESS CHTY+ST-ZIP | Yulee, FL 3209 | 77 |
| TITLE VT NAME SIEGEL, JEROME A. | ☐ Delete | TITLE - NAME | | Change 🗖 Addition |
| STREET ADDRESS 1556 3RD AVE., SUITE 5 | 04 | STREET ADDRESS CITY-ST-ZIP | | |
| TITLE VD | ☐ Delete | TITLE | VD B-10-0 | ☐ Change ☐ Addition |
| NAME BERGREEN, BERNARD I STREET ADDRESS 3823 OWENS ROAD | D, | STREET ADDRESS | Bevereen, Bernauch 561705 White Da | K Road |
| CITY-ST-ZIP YULEE, FL 32097 | | CITY-ST-ZIP | Yulee PL 3. | 2097 |
| TITLE NAME | ☐ Delete | TITLE NAME | • | ☐ Change ☐ Addition |
| STREET ADDRESS CITY-SI-ZIP | SERVE NI JA | STREET ADDRESS CITY-ST-ZIP | | · |
| TITLE STATE OF | E P De de | TITLE | | ☐ Change ☐ Addition |
| NAME - STREET ADDRESS | | NAME STREET ADDRESS | | • |
| CITY-ST-ZIP | allog with this filles does not make to | CITY+ST-ZIP | d in Section 110 07/9V0 Florida Com | I further partificate that the left |
| 12. I hereby certify that the information supplied with this filling does not quality 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: JULIUM AND TYPED OR PRINTED HAVE OR SIGNING OFFICER OR DIRECTOR 2/10/05 2/2-4/0-7555 | | | | |