PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 FEB -5 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600011879586
02/05/03--01041--002 **1058.75

REINSTATEMENT 01-03

DOCUMENT # K51896

1. Corporation Name: TOT-CON INC

2. Principal Office Address	3. Mailing Office Address
2739-9th St. N.	2739-9th St. N.
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: St Petersburg FL	City & State: St Petersburg FL
Zip: 33704 Country: Pinellas	Zip: 33704 Country: Pinellas

4. Date Incorporated or Qualified To Do Business in Florida: 12/16/88

5. FEI Number: 59-2928577 ☐ 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: Jon Swanson
Street Address (P.O. Box Number is Not Acceptable): 2739-9th St N
Suite, Apt. #, Etc.: St Petersburg FL 33704
City: — State: FL Zip Code: —

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: Jon Swanson Date: 1/30/03
REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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) Pres	Jon Swanson	2739-9th St. N	St Petersburg FL 33704
(D) Pres	Robert Fish	2739-9th St N	St Petersburg FL 33704
Sec(S) Sec	Paul Swanson	2739-9th St N	St Petersburg FL 33704

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: Jon Swanson Date: 1/30/03 Daytime Phone #: —
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JS 2/10/03

UNITED BANK

January 31, 2003

Department of State
Division of Corporation
409 East Gaines St.
Tallahassee, Fl. 32399

RE: Reinstatement of Tot-Con, Inc #59-2928577

Please reinstate the above referenced corporation and send back, in the enclosed overnight envelope, the updated Certificate of Status.

Sincerely,

Rob Shingler
Vice President
727-743-1195