

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUL 16 PM 12:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L39917**

1. Corporation Name

Concon Corporation

Principal Place of Business

Mailing Address

**302 N. Dale Mabry Highway
Tampa, Florida 33609**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12-29-89

5. FEI Number

59-3006838

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	Francisco Gomez	302 N. Dale Mabry Highway	Tampa, FL 33609
D	Eugene DeLucia	4543 S. Manhattan Avenue	Tampa, FL 33611
D	Naresh Dave	701 Dr. Martin Luther King Dr	Tampa, FL 33603
D	Eddy Berges	6101 Webb Road, #307	Tampa, FL 33615
D	Jesus Martinez	4507 N. Armenia Avenue	Tampa, FL 33603

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*****300.00--***300.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**FRANCISCO M. GOMEZ
302 N. DALE MABRY
TAMPA, FLA - 33609**

Name

Street Address (P.O. Box, etc.)

Suite, Apt. #, etc.

City

State Zip Code
FL 33609

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date **11/25/97**

11. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information
on intangible tax.)

12. 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

FRANCISCO M. GOMEZ 11/25/97

Date Daytime Phone #

CR2E040 (12/96)