

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

- Noted 02/05/02 5:49 AM
- cancelled
- application for reinstatement
- letter of explanation

DOCUMENT # **L39917**

1. Corporation Name

CONCON CORPORATION

Principal Place of Business

**2137 W. MARTIN LUTHER KING
TAMPA FL 33607**

Mailing Address

**302 N. DALE MABRY HIGHWAY
TAMPA FL 33609**

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1989

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	BERGES, EDDY	6101 WEBB RD., STE. #307	TAMPA FL 33615
D	DAVE, NARESH B	701 DR. MARTIN LUTHER DR.	TAMPA FL 33603
D	DELUCIA, EUGENE	4543 MANHATTAN AVE.	TAMPA FL 33611
D	MARTINEZ, JESUS	4507 N. ARMENIA AVENUE	TAMPA FL 33603
D	GOMEZ, FRANCISCO M	302 N. DALE MABRY HIGHWAY	TAMPA FL 33609

8. Name and Address of Current Registered Agent

**GOMEZ, FRANCISCO
302 N. DALE MABRY HIGHWAY
TAMPA FL 33609**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

**800009355388
12/04/02--01079--009 **150.00**

CR2E040 (8/02)

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/21/02

11. 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/21/02

CONCON, INC.
302 N. DALE MABRY
TAMPA, FLORIDA 33609-1239

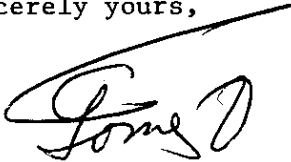
November 22, 2002

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Document # L39917

We never received the prior notices for the Concon, Inc. , so I am enclosing a check in the amount of \$150.00 to renew the Document in question.

Sincerely yours,

A handwritten signature in cursive script, appearing to read "Francisco M. Gomez", with a long horizontal line extending from the top of the signature.

Francisco M. Gomez

Please make sure that all future correspondence is mailed to the above address.