

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001792

1. Corporation Name

CONNECTION ENTERPRISES INC.

Principal Place of Business

4277 TURTLE MOUND ROAD
MELBOURNE FL 32934-8591

Mailing Address

4277 TURTLE MOUND ROAD
MELBOURNE FL 32934-8591

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 99

4. Date Incorporated or Qualified To Do Business in Florida

04/12/1994

SP

5. FEI Number

50-8241852

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$9.75 Fee for 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	4 City / State / Zip
PTD	POTTER, A. JAMES	4277 TURTLE MOUND ROAD	MELBOURNE FL 32934
VD	POTTER, NANCY L	4277 TURTLE MOUND ROAD	MELBOURNE FL 32934
SD	POTTER, ETHEL L	4277 TURTLE MOUND ROAD	MELBOURNE FL 32934

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8. Name and Address of Current Registered Agent

POTTER, A. JAMES
4277 TURTLE MOUND ROAD
MELBOURNE FL 32934-8591

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City State Zip Code
FL

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

[Signature] REGISTERED AGENT MUST SIGN

Date 10-12-99

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)(l), 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] REGISTERED AGENT MUST SIGN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-12-99 321-259-6120
Date Daytime Phone #