

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 8:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000052107

1. Corporation Name  
CONNELL, INC.

Principal Place of Business  
~~103 YACHT CLUB WAY #307  
HYPOLUXO FL 33462~~

Mailing Address  
103 YACHT CLUB WAY #307  
HYPOLUXO FL 33462



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

2. New Principal Office Address, If Applicable <u>8633 Rosalie Court</u> Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable <u>8633 Rosalie Court</u> Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/24/2001	
City & State <u>Boynton Beach Florida</u>		City & State <u>Boynton Beach Florida</u>		5. FEI Number <u>65-1108867</u>	
Zip <u>33437</u>	Country <u>Palm Beach</u>	Zip <u>33437</u>	Country <u>Palm Beach</u>	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	4 City / State / Zip
D	CONNELL, STEVEN	<del>103 YACHT CLUB WAY #307</del> <u>8633 Rosalie Court</u>	<del>HYPOLUXO FL 33462</del> <u>Boynton Beach FL 33437</u>

8. Name and Address of Current Registered Agent <del>COLEMAN, ANTHONY &amp; JR 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH FL 33442</del>		9. Name and Address of New Registered Agent Name <u>Steven Anthony Connell</u> Street Address (P.O. Box Number is Not Acceptable) <u>8633 Rosalie Court</u> Suite, Apt. #, Etc. City <u>Boynton Beach FL</u> State <u>FL</u> Zip Code <u>33437</u>	
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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 Steve Connell REGISTERED AGENT MUST SIGN Date 10/28/02

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: Steve Connell REGISTERED AGENT MUST SIGN  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 10/28/02 Daytime Phone # 561 364 0322

CR2E040 (8/02)

To whom it may Concern

I Just recieved this notice from you  
on Oct 25<sup>th</sup> 2002 I moved from 103  
Yacht Club way, Hypoluxo Florida to 8633 Rosalie  
Court Boynton Beach Fl. 33437 on January 1<sup>st</sup>  
Please accept my check for reinstatement and  
my change of Adress and change of Registered Agent

P.S I switched

Accountants and my old

My Phone # is Dextime 561 364 0322

Night time ~~561 733-3943~~

561 733-3943

Registered Agent never sent me anything.

Thank You

Steve B. Connell

President of Connell Inc