

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 8633 Rosalie Court Suite, Apt. #, etc.		3. New Mailing Office Address, If Applicable 8633 Rosalie Court Suite, Apt. #, etc.		4. Date Incorporated or Qualified To Do Business in Florida 05/24/2001	
City & State Boynton Beach Florida		City & State Boynton Beach Florida		5. FEI Number 65-1108867	
Zip 33437	Country Palm Beach	Zip 33437	Country Palm Beach	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	103 YACHT CLUB WAY #307 8633 Rosalie Court	HYPOLUXO FL 33462 Boynton Beach FL 33437

8. Name and Address of Current Registered Agent COLEMAN, ANTHONY & JR 3275 W HILLSBORO BLVD #207 DEERFIELD BEACH FL 33442		9. Name and Address of New Registered Agent Name: Steven Anthony Connell Street Address (P.O. Box Number is Not Acceptable): 8633 Rosalie Court Suite, Apt. #, Etc.: City: Boynton Beach FL State: FL Zip Code: 33437	
--	--	---	--

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 10/28/02 561-364-0322 Daytime Phone #

CR2E040 (8/02)

To whom it may Concern

I Just recieved this notice from you
on Oct 25th 2002 I moved from 103
Yacht Club way, Hypoluxo Florida to 8633 Rosalie
Court Boynton Beach Fl. 33437 on January 1st
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