

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JAN 27 AM 9:28

DOCUMENT # P01000115763

1. Corporation Name

TEFCON USA, INC.

2. Principal Office Address

18496 NW 22 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

3. Mailing Office Address

18496 NW 22 ST

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL

Zip

33029

Country

USA

700066252827  
02/21/06--01015--003 \*\*450.00

CR2E081 (12/05)

4. Date Incorporated or Qualified  
To Do Business in Florida

12-6-2001

5. FEI Number

80-0002757

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

ROBERTO E. FERNANDEZ

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

18496 NW 22 ST

Suite, Apt. #, Etc.

City

PEMBROKE PINES

State

FL

Zip Code

33029

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date 1-12-06

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P			
T			
S	ROBERTO E. FERNANDEZ	18496 NW 22 ST.	PEMBROKE PINES, FL 33029
V			
D			
G			
M			

**REINSTATEMENT**

10. 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 contained in Chapter 119, 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 PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO E. FERNANDEZ

Date

1-12-06

Daytime Phone #

305.219.6579

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**Refcon USA, Inc.**  
**18496 NW 22 Street - Pembroke Pines, Florida**  
**PH 305.219.6579 - E-mail: refcon@bellsouth.net**

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12-Jan-06

TO: Uniform Business Report  
Division Of Corporations  
PO Box 6327  
Tallahassee, FL 32314

FROM: Refcon USA, Inc.  
Roberto E. Fernandez  
18496 NW 22 Street  
Pembroke Pines, FL 33029  
PH 305.219.6579

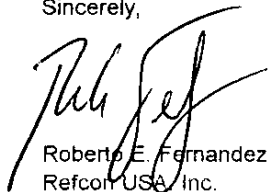
RE: Fed ID# 80-0002757  
Document # P01000115763

Kindly be advice that this office never received any forms, letters or notices with regards to 2004, 05 & 06 annual reports and therefore, we did not pay these fees.

Enclosed please find check in the amount of \$450.00 Dollars. Please accept this request to waive any late fees.

Thank you in advance for your consideration and understanding.

Sincerely,



Roberto E. Fernandez  
Refcon USA, Inc.  
President