

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1042

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR 14 PM 1:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 802000092423

1. Corporation Name
AMERICON RESTORATION, INC.

2. Principal Office Address BLVD
3460 W. HILLSBORO
Suite, Apt. #, etc. 106

City & State
COCONUT CREEK
Zip 33073 Country USA

3. Mailing Office Address
3460 W. HILLSBORO BLVD.
Suite, Apt. #, etc. 106

City & State
COCONUT CREEK
Zip 33073 Country USA

REINSTATEMENT 03-04

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number
05-0568354

Applied For
☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent 100032510131

Name RICHARDS, MICHAEL 04/13/04--01018--011 **301.00

Street Address (P.O. Box Number is Not Acceptable)
3460 W. HILLSBORO BLVD, SUITE 106

Suite, Apt. #, Etc.

City COCONUT CREEK State FL Zip Code 33073

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 Michael J. Richards Date 4/6/04
REGISTERED AGENT MUST SIGN

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
CFO	ROBERT GOLOMB	<u>3460 W. HILLSBORO BLVD</u> ⁽¹⁰⁶⁾	<u>COCONUT CREEK, FL 33073</u>

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 under section 119.07(3)(f), 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:

Michael J. Richards
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/04 954-394-3775
Date Daytime Phone #

CR2E001 (01/04)