

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000149833

Entity Name: T-CON GROUP, INC.

**FILED**  
**Oct 10, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

160 CYPRESS POINT PKWY  
C217  
PALM COAST, FL 32164

**New Principal Place of Business:**

3300 SOUTH CONGRESS AVE  
SUITE 16  
BOYNTON BEACH, FL 33426

**Current Mailing Address:**

160 CYPRESS POINT PKWY  
C217  
PALM COAST, FL 32164

**New Mailing Address:**

3246 NORTH POWERLINE ROAD  
POMPAÑO BEACH, FL 33069

FEI Number: 04-3832785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

SCAGLIONE, THOMAS M  
160 CYPRESS POINT PKWY  
SUITE C217  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS SCAGLIONE

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: SCAGLIONE, THOMAS M  
Address: 160 CYPRESS POINT PKWY  
City-St-Zip: PALM COAST, FL 32164

Title: TREA  
Name: JABLON, DAVID E  
Address: 3300 SOUTH CONGRESS AVE  
City-St-Zip: BOYNTON BEACH, FL 33426

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS SCAGLIONE

PRE

10/10/2014

Electronic Signature of Signing Officer or Director

Date