

# **2010 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P09000069951

**FILED**  
**Sep 28, 2010**  
**Secretary of State**

**Entity Name:** MCON GROUP, INC.

**Current Principal Place of Business:**

5695 N MACEDO BLVD  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

1922 S.W. BILTMORE STREET  
PORT SAINT LUCIE, FL 34984 US

**Current Mailing Address:**

5695 N MACEDO BLVD  
PORT SAINT LUCIE, FL 34983 US

**New Mailing Address:**

1922 S.W. BILTMORE STREET  
PORT SAINT LUCIE, FL 34984 US

**FEI Number:** 27-0770149

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLTON, KELLY  
1665 PALM BEACH LAKES BLVD  
1000  
WEST PALM BEACH, FL 33401 US

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

FULTON, KELLY  
1665 PALM BEACH LAKES BLVD  
1000  
WEST PALM BEACH, FL 33401 US

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: KELLY FULTON

09/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MEHAFFEY, TIM  
Address: 1922 S.W. BILTMORE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

Title: VP  
Name: MEHAFFEY, CHRISTOPHER  
Address: 1922 S.W. BILTMORE STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34984 US

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: TIM MEHAFFEY

P

09/28/2010

Electronic Signature of Signing Officer or Director

Date