

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 OCT 24 PM 3:08

DOCUMENT # P93000067047

1. Corporation Name

HABCON, INC.

000003455940--1
-11/07/00--01113--015
****900.00 ****900.00

2. Principal Office Address

2377 LAREDO DR

Suite, Apt. #, etc.

3. Mailing Office Address

2377 LAREDO DR

Suite, Apt. #, etc.

City & State

DELTONA FL

City & State

DELTONA FL

Zip

32738

Country

USA

Zip

32738

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

9/27/93

5. FEI Number

59-3202558

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT *9-a*

7. Name and Address of Current Registered Agent

Name

E. CRAIG ABNEY

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

2377 LAREDO DR

Suite, Apt. #, Etc.

City

DELTONA

State

FL

Zip Code

32738

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

E. Craig Abney

REGISTERED AGENT MUST SIGN

Date 10-18-00

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/D	E. CRAIG ABNEY	2377 LAREDO DR	DELTONA FL 32738
V/S/D	JACQUELYN C. ABNEY	2377 LAREDO DR	DELTONA FL 32738

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)(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:

E. Craig Abney / E. Craig Abney 10-18-00 / 904-789-0305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (9/99)