

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 MAR -7 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087783**

1. Corporation Name

INTERCONEX, INC.

2. Principal Office Address

10700 NW 53RD STREET

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

3. Mailing Office Address

10700 NW 53RD STREET

Suite, Apt. #, etc.

City & State

SUNRISE, FL

Zip

33351

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

12/93

5. FEI Number

65-0456941

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

BRIDGEMAN, JAMES

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

10520 BUENOS AIRES STREET

Suite, Apt. #, Etc.

City

COOPER CITY

State

FL

Zip Code

33026

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 **3-2-06**

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	BRIDGEMAN, JAMES C	10520 BUENOS AIRES STREET	COOPER CITY / FL / 33026

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2-06

Date

954-746-4111

Daytime Phone #

INTERCONEX

Concrete Construction Equipment

"Your Total Source for Concrete Finishing Equipment"

March 2, 2006

Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Ref. Reinstatement of INTERCONEX

Dear Sir or Madam,

Enclosed, please find our Corporation Reinstatement document, along with a check for \$750.00 in full payment of the annual statement fees that were not paid in the year 2002, 2003, 2004, 2005, and 2006.

We moved our company on or about June 1, 2001, and did not receive any annual report notices even though we had our mail forwarded and had a personal friend who sorted the mail at our last location. We deeply regret this and hope you can waive the reinstatement fee.

Thank you in advance for your consideration in this matter.

Best Regards,
INTERCONEX


James C. Bridgeman
President

Encl

10700 N.W., 53rd Street
Sunrise, Fl. 33351
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www.interconex.us Email: icx@msn.com