

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10 APR 30 PM 3:14

DOCUMENT # P 95000010019

1. Corporation Name

Sencon International, Inc.

W10 — 20067

400177073384
04/22/10--01028--025 **2550.00

KS

2. Principal Office Address - No P.O. Box #

1850 Old Dixie Highway

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 2492

Suite, Apt. #, etc.

City & State

Homestead, FL

Zip 33033

Country USA

City & State

Key Largo, FL

Zip 33037

Country

REINSTATEMENT

1998-2010

4. Date Incorporated or Qualified
To Do Business in Florida

02/02/1995

5. FEI Number

650562569

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

JOHN M. LYNN

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

1850 Old Dixie Highway

Suite, Apt. #, Etc.

City

Homestead

State

FL

Zip Code

33033

☐ The reinstatement fee is imposed, except in
circumstances which the entity did not receive
the prior notices. By checking this box, you
are certifying the prior notices were not
received and requesting the reinstatement
fee be waived.

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 4/28/10

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	Winston E. Shields	6385 W 74 STREET	Bedford Park, IL 60638
VP	ERIC Shields	6385 W 74 STREET	Bedford Park, IL 60638
S	MICHAEL STOCK	6385 W 74 STREET	Bedford Park, IL 60638

10. E-mail Address: lynnjm@bellsouth.net

(To be used for future annual report notification)

11. 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. I further certify, 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:

Winston E Shields, Pres

04/14/2010 708-496-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #