

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		APPROVED AND FILED	
DOCUMENT # <u>945000010649</u>		1. Corporation Name <u>DAVCON ENTERPRISES INC.</u>		98 NOV -9 AM 8:33	
Principal Place of Business <u>3117 Johnson St.</u> <u>Hollywood, FL 33021</u>		Mailing Address <u>3117 Johnson St.</u> <u>Hollywood, FL 33021</u>		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
If above addresses are incorrect in any way, line through incorrect information and enter correction below.		REINSTATEMENT <u>97-98</u>			
2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida <u>02-06-1995</u>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number <u>65-0554190</u>	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	
7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City, State, Zip	5. Date of Status Change	
PRES.	JAMES B. CONDON	3117 Johnson St. #	Hollywood, FL 33021	80060268800150123	
VICE PRES.	DAVID E. MASTACHE	201 N. 59TH AVE	Hollywood, FL 33021	****300.00 ****300.00	
SEC.	JAMES B. CONDON	3117 Johnson St.	Hollywood, FL 33021		
VICE PRES.	DAVID E. MASTACHE	201 N. 59TH AVE.	Hollywood, FL 33021		
8. Name and Address of Current Registered Agent					
JAMES B. CONDON 3117 JOHNSON ST. HOLLYWOOD, FL 33021					
9. Name and Address of New Registered Agent					
Name JAMES B. CONDON					
Street Address (P.O. Box Number is Not Acceptable) 3117 JOHNSON ST.					
Suite, Apt. #, Etc. 1					
City Hollywood					
State FL					
Zip Code 33021					
10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.					
Signature of Registered Agent <u>J. B. Condon</u> REGISTERED AGENT MUST SIGN Date <u>11-8-98</u>					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (See other side for information on intangible tax.)					
12. 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: <u>J. B. Condon</u> PRES. Date <u>11-8-98</u> Daytime Phone # <u>954-987-2608</u>					