

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

96 DEC 31 PM 3:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # PA50000040076

1 Corporation Name

INNCON AMERICA, INC.

Principal Place of Business

Mailing Address

527 N. SEMORAN BLVD.  
ORLANDO, FLORIDA 32807

(SAME)

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT 96

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable		3. New Mailing Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida MAY 23, 1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. FEI Number 59-3325786	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$3.75 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
P/D/VP S/T	SEAN F. MCCABE	5221 E. COLONIAL DRIVE	ORLANDO, FLORIDA 32807

400002046014--9  
-01/03/97--01178--018  
\*\*\*\*375.00 \*\*\*\*375.00

JB 12-31-96

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name LAWRENCE G. WALTERS, ESQ.	
Street Address (P.O. Box Number is Not Acceptable) 444 SEABREEZE BOULEVARD	
Suite, Apt. #, Etc. SUITE 800	
City DAYTONA BEACH	State Zip Code FL 32118

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

REGISTERED AGENT MUST SIGN

Date 12/26/96

11. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.022, Florida Statutes. Yes ☐ No ☐

(See other side for information  
on intangible tax.)

12 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/29/96

Date

Daytime Phone #

907-620-3650