

FILED

02 NOV -1 AM 9:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Jim Smith Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000094513

1. Corporation Name

COURCON INVESTMENTS, INC.

REINSTATEMENT 01-02

2. Principal Office Address
326 71 STREET3. Mailing Office Address
326 71 STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI BEACH, FL

City & State

MIAMI BEACH, FL

Zip

33141

Country

USA

Zip

33141

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 12/11/965. FEI Number
65-0558194Applied For
Not Applicable6. CERTIFICATE OF STATUS DESIRED ☒

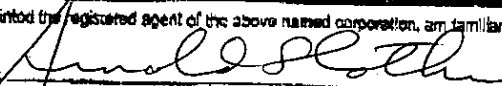
7. Name and Address of Current Registered Agent

Name
ARNOLD SLOTKINStreet Address (P.O. Box Number is Not Acceptable)
326 71 STREET

Suite, Apt. #, Etc.

City
MIAMI BEACHState
FLZip Code
33141

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 10/31/02

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/D	CARLOS CALDERON	326 71 STREET	MIAMI BEACH, FL 33141

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:



SIGNATURE AND TYPED OR PRINTED NAME OF SECOND OFFICER OR DIRECTOR

10/31/02

011 069 080 223

Date

Daytime Phone #

g 11/1/02