


" 2004 "

1042

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>CORPORATION REINSTATEMENT</b>		 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT #</b> <u>P960000 33193</u>			
<b>1. Corporation Name</b> <u>COMCON ENTERPRISES, INC.</u>			
<b>2. Principal Office Address</b> <u>1835 N.E. MIAMI GARDENS DR.</u>		<b>3. Mailing Office Address</b> 	
Suite, Apt. #, etc. <u># 232</u>		Suite, Apt. #, etc. <u>SAME</u>	
City & State <u>N. MIAMI BEACH, FL</u>		City & State 	
Zip <u>33179</u>	Country <u>OADR</u>	Zip 	Country 

FILED

05 MAR -2 PM 4:21


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

04-05

<b>4. Date Incorporated or Qualified To Do Business in Florida</b>	
<b>5. FEI Number</b> <u>65-0649574</u>	Applied For <input type="checkbox"/> Not Applicable
<b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	


<b>7. Name and Address of Current Registered Agent</b>		
Name <u>JOSEPH DAHAN</u>		
Street Address (P.O. Box Number is Not Acceptable) <u>1835 N.E. MIAMI GARDENS DRIVE # 232</u>		
Suite, Apt. #, Etc. 		
City <u>N. MIAMI BEACH</u>	State <u>FL</u>	Zip Code <u>33179</u>

<b>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.</b>	
Signature of Registered Agent 	Date <u>1/31/05</u>
REGISTERED AGENT MUST SIGN	

<b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	JOSEPH DAHAN	1835 NE MIAMI GARDENS DR # 232	N. MIAMI BEACH FL 33179

600048026866  
03/09/05--01005--011 \*\*300.00

1/31/05

<b>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.</b>	
SIGNATURE: 	Date: <u>1/31/05</u> Daytime Phone #: <u>305-606-3635</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E081 (01/05)

20f2

Division of Corporations  
Tallahassee, Florida

1/31/05

Re: Comcon Enterprises, Inc.  
#P96000033193

Dear Sirs,

\$300.00

Enclosed is our annual report for 2004 along with our check for ~~\$150.00~~ for the filing fee.

~~We respectfully ask for an abatement of penalties for late filing due to the fact of our~~  
mailing address being changed and we never got the notice or forms to file for this year!

Sincerely,

Joe Dahan, President

