1052

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
00 OCT 19 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P96000094112

1. Corporation Name

ACCON, INC.

Principal Place of Business	Mailing Address
~~14350 60TH STREET~~	~~14350 60TH STREET~~
~~CLEARWATER FL 33840~~	~~CLEARWATER FL 33840~~

REINSTATEMENT 00

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

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
14350 60TH STREET NORTH	14350 60TH STREET NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
CLEARWATER, FL	CLEARWATER, FL
Zip 33760 Country	Zip 33760 Country

4. Date Incorporated or Qualified To Do Business In Florida: 11/18/1996

5. FEI Number: 59-3409649 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
~~D~~	~~FROST, FREDERICK G III~~	~~55 SERVICE AVENUE~~	~~WARWICK RI 02886~~
~~D~~	~~DEINERT, JC~~	~~55 SERVICE AVENUE~~	~~WARWICK RI~~
~~TS~~	~~CHWALEK, C.T.~~	~~55 SERVICE AVENUE~~	~~WARWICK RI~~
~~P~~	~~FROST, PETER C~~	~~55 SERVICE AVENUE~~	~~WARWICK RI 02886~~
	(ADDENDUM ATTACHED)		

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-11/07/00--01069--017
****750.00 ****750.00

8. Name and Address of Current Registered Agent

ANGELL CORPORATE SERVICES, INC.
250 ROYAL PALM WAY
SUITE 300
PALM BEACH FL 33840

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City | State FL | Zip Code

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: John S. Lyon, V.P. Date: 10/13/00
REGISTERED AGENT MUST SIGN

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 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] 10/12/00 401-739-0740 (X230)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
C.T. CHWALEK, TREASURER

KE

FLORIDA DEPARTMENT OF STATE
ADDENDUM TO APPLICATION FOR REINSTATEMENT
OCTOBER 12, 2000

BLOCK 7: NAMES AND ADDRESSES OF EACH OFFICER AND / OR DIRECTOR

TITLE	NAME	STREET ADDRESS	CITY / STATE / ZIP
C/D	DEINERT, J.C.	55 SERVICE AVENUE	WARWICK, RI 02886
P/D	FROST, PETER C.	55 SERVICE AVENUE	WARWICK, RI 02886
T/D	CHWALEK, C. T.	55 SERVICE AVENUE	WARWICK, RI 02886
S/D	MITCHELL, CARYN E.	55 SERVICE AVENUE	WARWICK, RI 02886