PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

97-99 AR

FILED
99 JUN 15 PM 3:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098734

1. Corporation Name

CONTECO, INC.

W99000012312

Principal Place of Business | Mailing Address

757 APPLE COURT
MARCO ISLAND, FL 34145

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

REINSTATEMENT 97-99

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida: Dec - 97

5. FEI Number: 59-3420234 — 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 (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
PRES/ DIR.	JOSEPH D. ANGELI	757 Apple Court	Marco Island, FL 34145
SEC.	THOMAS DE ROSE	757 Apple Court	Marco Island, FL 34145
			800002914968--1
			-06/24/99--01101--018
			***1050.00 ***1050.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
JOSEPH D. ANGELI 757 Apple Court Marco Island, FL 34145	Name: CRAIG J. COUTURE Street Address (P.O. Box Number is Not Acceptable): 50 Bald Eagle Dr. Suite, Apt. #, Etc.: City: Marco Island — State: FL — Zip Code: 34145

CR2E081 (12/98)

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: [signature] REGISTERED AGENT MUST SIGN — Date: 6/4/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes ☒ No ☐ (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: [signature] — 6.4.99 Date — 941-394-1900 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH D. ANGELI, PRES.