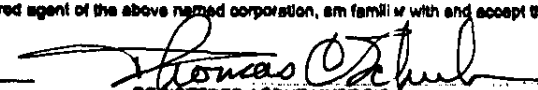
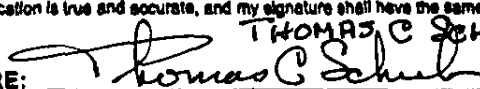


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 99-0113R		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 01 APR 30 PM 4:12	
DOCUMENT # P97000059308					
1. Corporation Name DEVCON, INC.					
2. Principal Office Address 9050 LAS MADERAS DR		3. Mailing Office Address SAHE			
Suite, Apt. #, etc. UNIT #202		Suite, Apt. #, etc.			
City & State BONITA SPRINGS, FL		City & State			
Zip 34135	Country USA	Zip	Country	4. Date incorporated or Qualified To Do Business in Florida 07/08/1997	
5. FEI Number 59-3465185				Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>				6.75 Additional Fee required for Certificate of Status	
7. Name and Address of Current Registered Agent					
Name THOMAS C. SCHRECK					
Street Address (P.O. Box Number is Not Acceptable) 9050 LAS MADERAS DR					
Suite, Apt. #, Etc. UNIT 202					
City BONITA SPRINGS				State FL	Zip Code 34135
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 				Date APRIL 30, 2001	
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director		City / State / Zip	
PD Pres	THOMAS C SCHRECK	9050 LAS MADERAS DR #202		BONITA SPRINGS, FL 34135	
SD	SALLY B. SCHRECK	9050 LAS MADERAS DR #202		BONITA SPRINGS, FL 34135	
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)(f), 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: 				APRIL 30, 2001 941 948-3769	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	



DEVCON, INC.
Development Consulting Services

Thomas C. Schreck
President

Department of State
Division of Corporations
P.O. Box #6327
Tallahassee, Florida 32314

Dear Sirs,

On April 25, 2001 I received a call from my accountant asking if I had received and filed my 2001 Uniform Business Report. In checking my files I found that nothing had been filed for 1999, 2000 or 2001. In fact no forms for the Uniform Business Report had been received.

I contacted the Division of Corporations and learned that DEVCON, Inc. had been dissolved on 9/24/99 and that correspondence sent to DEVCON, Inc. had been returned to you as undeliverable. The last address in your records shows Vanderbilt Road, Naples. The last address was only good thru mid 1998 with forwarding of first class mail requested.

DEVCON, Inc., my consulting business, has complied with all other county, state and federal filings. This includes all taxes and local business fees. I have timely filed all, Federal, Florida intangible and Lee County tax returns.

I am enclosing a check in the amount of \$450 for filing fees for 1999, 2000, and 2001. I am requesting a waiver for the reinstatement fee as a one time exemption basis as suggested by your staff. The Corporation Reinstatement form is enclosed.

Thank you for your cooperation and consideration in this matter.

Thomas C. Schreck
President