

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P98000000158

1. Corporation Name

DARCON TECHNOLOGIES, INC.

Principal Place of Business

300 SCARLET BLVD
OLDSMAR FL 34677

Mailing Address

300 SCARLET BLVD
OLDSMAR FL 34677



REINSTATEMENT 99

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/02/1998

5. FEI Number

65-0816958

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DPS	CRANE, JAMES C	102 TANGLEWOOD COURT	SAFETY HARBOR FL 34895

3000000020103-1
-10/21/99--01010--021
****758.75 ****758.75

8. Name and Address of Current Registered Agent

DICKINSON, ROBERT C
33020 U.S. 18 NORTH
SUITE 208
PALM HARBOR FL 34684

9. Name and Address of New Registered Agent

Name
Bernadette M. Lambert
Street Address (P.O. Box Number is Not Acceptable)
300 Scarlet Blvd
Suite, Apt. #, Etc.

City
Oldsmar

State
FL

Zip Code
34677

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

Bernadette M. Lambert

REGISTERED AGENT MUST SIGN

Date 10/10/99

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:

James C. Crane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/10/99 813-855-8993

Date

Daytime Phone #