

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

P8192

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 OCT 19 PM 1:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030640

1. Corporation Name

ANCON TRANSPORTATION CORPORATION

Principal Place of Business

Mailing Address

3711 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308

3711 N. OCEAN BLVD.
FORT LAUDERDALE FL 33308

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

4. Date Incorporated or Qualified
To Do Business in Florida

04/01/1998

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0823624

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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
D	WAGNER, JOHN	3711 N. OCEAN BLVD.	FT. LAUDERDALE FL 33408
D	POLIDORO, WILLIAM	3711 N. OCEAN BLVD.	FT. LAUDERDALE FL 33408

600003446696--5
-11/01/00--01043--004
****150.00 ****150.00

SP

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

WAGNER, JOHN W

3580 NW 3 AVE

BOGA RATON FL 33431

Name

Wagner, John

Street Address (P.O. Box Number is Not Acceptable)

3711 N. Ocean Blvd

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33308

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

J. Wagner
REGISTERED AGENT MUST SIGN

Date 10-10-00

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:

J. Wagner
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-10-00

Date

954 563-3400

Daytime Phone #

CR2E040 (8/00)

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October 16, 2000

Division of Corporations
Annual Reports/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

Dear Sir or Madam:

I am requesting an abatement of the reinstatement fee for my corporation. I have an accounting service that handles all of my governmental issues. Somehow the renewal was missed. I don't know if it was misfiled or misplaced. This has never happened before and I need your help on this one. Thank you for your consideration.

A handwritten signature in cursive script, appearing to read "J. Wagner".

John Wagner, President