

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathleen Harris
Secretary of State
DIVISION OF CORPORATIONS

10/2

FILED

00 OCT 24 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000106542

1. Corporation Name

ENCON 2000, INC.

Principal Place of Business

Mailing Address

900 FOX VALLEY DRIVE SUITE 200
LONGWOOD FL 32779

900 FOX VALLEY DRIVE SUITE 200
LONGWOOD FL 32779



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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/03/1999

5. FEI Number

59-3610923

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
Pres	DANIEL F. PORTER	1722 Palm Beach DR	Apopka, FL 32712

600003457256-4
-11/08/00-01053-002
****550.00 ****550.00

LS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

PORTER, DANIEL F
900 FOX VALLEY DRIVE SUITE 200
LONGWOOD FL 32779

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 12 OCT 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 OCT 00

Date

407.860.6749

Daytime Phone #

CR2E040 (8/00)

202

EnCon International
405 Wekiva Springs Road
Suite 213
Longwood, Florida 32779
Phone: 407-869-6749 Fax: 407-869-9650

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

Re: Encon 2000, Inc.

To Whom It May Concern:

I spoke with a person in your office today regarding reinstatement of Encon 2000, Inc. His suggestion was that I write a letter explaining the situation and hopefully resolve this without a penalty. During the time that this was to be renewed I was dealing with my Mother who was terminally ill. In my haste, I made out the check incorrectly and sent it to the wrong address. My Mother passed away September 17, 2000 and we have just returned from taking her to Iowa to bury her.

I am enclosing a check for \$550.00 and am requesting that the late fee be waived. In the event that you do need a copy of her death certificate, I can forward it to you. I have also enclosed a copy of the check that I originally mailed to you on the September 2, 2000. I appreciate your consideration of this matter.

Your Truly,

Carolyn Porter
Carolyn Porter