

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 OCT 18 PM 12:03

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  
407 WEKIVA SPRINGS RD.

3. New Mailing Office Address, If Applicable  
407 WEKIVA SPRINGS RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 219

SUITE 219

City & State

City & State

LONGWOOD, FLORIDA

LONGWOOD, FLORIDA

Zip

Zip

32779-6096 USA

32779-6096 USA

Country

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/03/1999

5. FEI Number

59-3610923

Apply **SP**

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	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	PORTER, DANIEL P	1722 PALM BEACH DRIVE	APOPKA FL 32712

200004664072-6  
-11/02/01--01035--021  
\*\*\*\*750.00 \*\*\*\*750.00

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

REGISTERED AGENT MUST SIGN

Date 17OCT01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17OCT01 407.869.6749

CR2E040 (8/01)