

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

06 FEB -9 11:25

SECRET  
TALLAHASSEE, FLORIDA

DOCUMENT # S11122

1. Corporation Name

REVCON INC

2. Principal Office Address

111 EL BRILLO WAY

Suite, Apt. #, etc.

City & State

PALM BEACH FL.

Zip

33480

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

700067012247  
03/03/06--01022--011 \*\*750.00

REINSTATEMENT  
CR2E081 (12/05)

05-06

4. Date Incorporated or Qualified  
To Do Business in Florida

11-6-1990

5. FEI Number

65-0227246

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

GREGORY PAPADOPOULOS

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

111 EL BRILLO WAY

Suite, Apt. #, Etc.

City

PALM BEACH

State

FL

Zip Code

33480

08/09/05 90001017 \$150.00

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

*Gregory Papadopoulos*  
REGISTERED AGENT MUST SIGN

Date 1-13-2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	GREGORY PAPADOPOULOS	111 EL BRILLO WAY	PALM BEACH FL 33480
SEC	"	"	"

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 contained in Chapter 119, 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:

*Gregory Papadopoulos*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-2006 917-754-7979  
Date Daytime Phone #