

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 OCT 30 AM 10:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # S82391

1. Corporation Name

TEL CON RESOURCES, INC.

Principal Place of Business

2500 E. HALLANDALE BEACH BLVD.  
SUITE 511-I  
HALLANDALE BCH FL 33009-4840

Mailing Address

2500 E. HALLANDALE BEACH BLVD.  
SUITE 511-I  
HALLANDALE BCH FL 33009-4840

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

09/23/1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0190876

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	KANTOR, STANLEY	2500 E. HALLANDALE BCH BLVD -STE	HALLANDALE BCH FL 33009

500008711165  
10/30/02--01124--004 \*\*150.00

8. Name and Address of Current Registered Agent

KANTOR, STANLEY  
2500 E. HALLANDALE BEACH BLVD  
SUITE 511-I  
HALLANDALE BCH FL 33009-4837

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CR2ED40 (8/02)

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. or 617.0505, F.S.

Signature of  
Registered Agent

*Stanley Kantor*  
SIGNATURE REQUIRED  
REGISTERED AGENT MUST SIGN

Date

10/23/02

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

*Stanley Kantor*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oct 25, 2002

To whom it may concern:

I did not receive a notice from the Dept of State for  
paying this bill on time. The only bill I received  
was the enclosed bill to be reinstatement. Why would  
cancel my corporation? As you can see from my  
card (enclosed) my stationery, and my check I want  
to be incorporated. I feel if you sent this for me to be  
on time, then it was lost in the mail.

I don't believe I should be penalized for this

Thank You

Stanley Hunter, President