

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

Mailing Address

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

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)

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

50000871165  
10/30/02--01124--004 \*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

CP2ED40 (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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Stanley Kantor*  
SIGNATURE REQUIRED

Date

Daytime Phone #

10/23/02



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 stat. mny, 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 donot believe I should be penalized for this

Thank You

Stanley Hunter, President