

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED

98 MAY 21 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L75663**

1. Corporation Name
CANNADY BROTHERS, INC.

Mailing Address
~~9543 SUNDEAM CENTER DR.
JACKSONVILLE FL 32257~~
**8655 Phillips Hwy.
Jacksonville, FL 32256**

Principal Place of Business
~~9543 SUNDEAM CENTER DR.
JACKSONVILLE FL 32257~~
**8655 Phillips Hwy.
Jacksonville, FL 32256**

If above addresses are incorrect in any way line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable
8655 Phillips Hwy.
Suite, Apt. #, etc.

3. New Principal Office Address, If Applicable
8655 Phillips Hwy.
Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida
05/22/1990

City & State
Jacksonville, FL
Zip
32256 Country
USA

City & State
Jacksonville, FL
Zip
32256 Country
USA

5. FEI Number
59-3012555
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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
OFF	CANNADY, ELTON	9543 SUNDEAM CENTER DR.	JACKSONVILLE FL 32257
OFF	CANNADY, ANDY	9543 SUNDEAM CTR DR.	JACKSONVILLE FL 32256
OFF	ST MANNING, CONNIE	8655 Phillips Hwy.	Jacksonville, FL 32256
			800002544508--3 -06/02/98--01063--029 *****96.25 *****96.25
			REINSTATEMENT 94-98 TS S/24 800002544508--3 -06/02/98--01063--028 ***1253.75 ***1253.75

8. Name and Address of Current Registered Agent

~~CANNADY, ELTON
9543 SUNDEAM CENTER DR.
JACKSONVILLE FL 32257~~

9. Name and Address of New Registered Agent

Name
Andy Cannady
Street Address (P.O. Box Number is Not Acceptable)
8655 Phillips Hwy.
Suite, Apt. #, Etc.
City
Jacksonville State
FL Zip Code
32256

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 **Andy Cannady**

REGISTERED AGENT MUST SIGN

Date **12-8-97**

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box (See other side for additional information.)

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes No (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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: **Andy Cannady** ANDY CANNADY President

12-8-97 19M-737-1950