PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION REINSTATEMENT**

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

FILED
00 SEP 26 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005460

**1.** Corporation Name

THE CANOVA CHARITABLE FOUNDATION, INC

W00-20698

REINSTATEMENT 94-00

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| Rt. 3 Box 724 | Rt. 3 Box 724 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Lake Butler, FL | City & State: Lake Butler, FL |
| Zip: 32054 Country: U.S.A. | Zip: 32054 Country: U.S.A. |

**4.** Date Incorporated or Qualified To Do Business in Florida: 12/06/93

**5.** FEI Number: 59 3231728 ☐ 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: ERNEST R. PEACOCK

Street Address (P.O. Box Number is Not Acceptable): RT 3 Box 724

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-10/10/00--01007--017
****8.75 ****8.75

Suite, Apt. #, Etc.:

City: LAKE BUTLER State: FL Zip Code: 32054

**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: Ernest R Peacock
REGISTERED AGENT MUST SIGN

Date: 8/11/00

CR2E081 (9/99)

**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 |
|---|---|---|---|
| PD | WATSON, WILLIAM R. | P.O. Box 220 n/a | HAMPTON, FL 32044 |
| VD | PEACOCK, ERNEST R. | RT. 4 Box 3800 | LAKE BUTLER, FL 32054 |
| TSD | FITZGERALD, BRUCE M. | RT 4 Box 3818 | LAKE BUTLER, FL 32054 |
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**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 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:** William R Watson 8/11/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #