

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 18 PM 12:27

DOCUMENT # P93000029641

1. Corporation Name

Cannon Creek Farms, Inc.

2. Principal Office Address

5255 County Rd. 209 S.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

3. Mailing Office Address

5255 County Rd. 209 S.

Suite, Apt. #, etc.

City & State

Green Cove Springs, FL

Zip

32043

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

5. FEI Number

59-3207226

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED **\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 98-01

7. Name and Address of Current Registered Agent

Name

Troy Cannon

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

5255 County Road 209 South

Suite, Apt. #, Etc.

City

Green Cove Springs,

State

FL

Zip Code

32043

300004416798-7

06/13/01-01009-004

***1200.00 *** 200.00

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

Vinton T. Cannon
REGISTERED AGENT MUST SIGN

Date 5-16-01

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	Troy Cannon	5255 County Rd. 209 South	Green Cove Springs, FL 32043
	1050.00-Adm		
	61.25-AR		
	88.75-ARsupp		

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:

Vinton T. Cannon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-01
Date

904-2844958
Daytime Phone #

CR2E081 (9/00)