

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 AUG - 6 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93060071370**

1. Corporation Name

F. Cannon Construction, Inc.

2. Principal Office Address

29399 South Rd

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 10664

Suite, Apt. #, etc.

City & State

Brooksville Fl.

Zip
34602

Country

City & State

Brooksville Fl.

Zip
34603

Country

500039919455
08/06/04--01014--001 **1050.00
REINSTATEMENT 02-04

4. Date Incorporated or Qualified To Do Business in Florida

10/14/1993

5. FEI Number

65-0459015

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

Elton F Cannon

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

29399 South Road

Suite, Apt. #, Etc.

City

Brooksville

State
FL

Zip Code

34602

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **8-10-04**

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
DP	Elton F Cannon	29399 South Rd	Brooksville Fl. 34602

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: *[Signature]* **Elton F Cannon** **8/10/04** **561-262-3015**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E081 (10/02)