

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 367222

1. Corporation Name

CANGO INC

Principal Place of Business

2000 SOUTH ORANGE AVE
ORLANDO FL 32806

Mailing Address

2000 SOUTH ORANGE AVE
ORLANDO FL 32806

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/21/1970

5. FEI Number

59-1296038

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	4 City / State / Zip
P	CHUDNOFF, J.	2000 S ORANGE AVE	ORLANDO, FL 00000
V	SIEGEL, JOHN	2000 S ORANGE AVE	ORLANDO, FL 00000
S-P	SMALL, KEVIN	2000 S ORANGE AVE	ORLANDO FL

000005347930--9
-04/25/02--01044--014
***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

GRANITO, MARGARET P.
GRANITO ACCOUNTING SERVICES, INC.
7139 TIMBER DR.
WINTER PARK, FL 32792 FL 32792

9. Name and Address of New Registered Agent

Name Kevin W. Small
Street Address (P.O. Box Number is Not Acceptable)
9743 Tattersall Ave
Suite, Apt. #, Etc.

City Orlando State FL Zip Code 32817

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 4-17-02

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-02 (407)-341-3797
Date Daytime Phone #

CR2E040 (8/99)