

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 566473

1. Corporation Name

CANCO CORP.

2. Principal Office Address - No P.O. Box #

3550 Galt Ocean, Dr.

Suite, Apt. #, etc.

1006

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

3463 Grey

Suite, Apt. #, etc.

City & State

Montreal, Quebec

Zip

H4A 3N5

Country

Canada

7. Name and Address of Current Registered Agent

Name

Bruce Herman

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

1401 E. Broward Blvd.

Suite, Apt. #, Etc.

206

City

Ft. Lauderdale

State
FL

Zip Code

33301

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

REGISTERED AGENT MUST SIGN

Date **5/20/09**

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
D	Shadeed, Virginia	6100 Deacon Rd.	Montreal, Quebec, CA H3S 2V6
VD	Shadeed, Bruce	33 Keneston	Mt. Royal, Quebec, CA H3P1M1
D	Shadeed, Maureen	1620 Rockland Rd.	Mt. Royal, Quebec, CA H3P 2Y3
P	Shadeed, Gerald	3463 Grey	Montreal, Quebec, CA H4A 3N5

REINSTATEMENT

07-09

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 contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/20/09

Daytime Phone #

FILED

09 MAY 21 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200156262012
05/21/09--01008--011 **1050.00

CR2E081 (12/08)

4. Data Incorporated or Qualified To Do Business in Florida **2/21/1978**

5. FEI Number
59-1833263

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.