

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION  
FOR  
REINSTATEMENT**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 27 PM 6:20

**DOCUMENT # 809230**

1. Corporation Name

**CANNON SLINE, INC.**

Principal Place of Business

5600 WOODLAND AVE  
PHILADELPHIA PA 19143  
US

Mailing Address

5600 WOODLAND AVE  
PHILADELPHIA PA 19143  
US

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

**300 Delaware Avenue**

**300 Delaware Avenue**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 714**

**Suite 714**

City & State  
**Wilmington, DE 19801**

City & State  
**Wilmington, DE 19801**

Zip  
**19801**

Country  
**USA**

Zip  
**19801**

Country  
**USA**

4. Date Incorporated or Qualified  
To Do Business in Florida

**02/23/1953**

5. FEI Number

**23-1268674**

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	<del>GOSSETT, ROGER J.</del> <b>Mark Chuplis</b>	<del>5600 WOODLAND AVENUE</del> <b>300 Delaware Avenue, Ste 714</b>	<del>PHILADELPHIA PA 19143</del> <b>Wilmington, DE 19801</b>
VPCD	<b>OLSON, MICHAEL J.</b>	<del>5600 WOODLAND AVENUE</del> <b>300 Delaware Avenue, Ste. 714</b>	<del>PHILADELPHIA PA 19143</del> <b>Wilmington, DE 19801</b>
C	<b>PATRICIA SAUNDERS</b>	<del>5600 WOODLAND AVENUE</del> <b>300 Delaware Avenue, Ste 714</b>	<del>PHILADELPHIA PA 19143</del> <b>Wilmington, DE 19801</b>

**REINSTATEMENT**

8. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**  
**1201 HAYES ST**  
**TALLAHASSEE FL 32301**

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not acceptable) **100005480411--1**

Suite, Apt. #, Etc.

**11/30/00--01015--017**  
**\*\*\*750.00 \*\*\*750.00**

City

State

**FL**

Zip Code

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

*Susan Rosenthal*  
**Susan Rosenthal**  
REGISTERED AGENT MUST SIGN

Date

**10/26/00**

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:**

*Patricia Saunders*  
**Patricia Saunders, Controller**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**10/25/00**  
Date

**302-573-5020**  
Daytime Phone #