

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 SEP 15 AM 9:39

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09/15/08--01046--006 **450.00

CR2E081 (12/07)

DOCUMENT # F75452

1. Corporation Name

Bob's CANVAS, Inc.

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

1233 Old Dixie Hwy
Suite, Apt. #, etc.
#16

City & State

LAKE PARK, FL

Zip

33403

Country

USA

3. Mailing Office Address

1233 Old Dixie Hwy
Suite, Apt. #, etc.
#16

City & State

LAKE PARK, FL

Zip

33403

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

4/07/82

5. FEI Number

59-2205930

☐ 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

CAMERON, PAUL

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

5183 MARION PLACE

Suite, Apt. #, Etc.

W.

City

W. D. B.

State

FL

Zip Code

33407

☐ 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.

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

Paul Cameron

Date

9/8/08

REGISTERED AGENT MUST SIGN

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
PT	VOSICK, Joseph R	#65 Pineridge Dr	Riviera Bch, FL 33404
VS	WALLS, Janet M	16 Pineridge DR	Riviera Bch, FL 33404

REINSTATEMENT

06-01 PS 9/16/08

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:

Janet Walls

JANET WALLS

9/11/08

Date

5618440032

Daytime Phone #