

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Nov 27, 2007 8:00 A.M.
Secretary of State

DOCUMENT # H14662

1. Corporation Name

Cana IV Corporation

2. Principal Office Address - No P.O. Box #
12150 7th Street E.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

Zip
33706

Country
U.S.A.

3. Mailing Office Address
12150 7th Street E.

Suite, Apt. #, etc.

City & State

Treasure Island, FL

Zip
33706

Country
U.S.A.

REINSTATEMENT 06-07

4. Date Incorporated or Qualified
To Do Business in Florida 07/30/84

5. FEI Number
59-2427385

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
J. Henry Houser

Street Address (P.O. Box Number is Not Acceptable)
12150 7th Street E.

Suite, Apt. #, Etc.

City
Treasure Island

State
FL

Zip Code
33706

☒ 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

J. Henry Houser

REGISTERED AGENT MUST SIGN

Date 11-13-07

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
P	J. Henry Houser	12150 7th Street E.	Treasure Island, FL 33706
	<i>\$11/29</i>		

800112644318
11/28/07--01016--004 **300.00

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:

J. Henry Houser J. Henry Houser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-07 727-360-3365

Date

Daytime Phone #