

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 NOV 26 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900112576089
11/26/07--01047--001 **450.00

11/26/07--01047--001 **450.00

CR2E081 (1/07)

05-07

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida 09-23-1985	
5. FEI Number 592562500	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

CORPORATION REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # H77406

1. Corporation Name

R.W. CANNON, INC.

2. Principal Office Address - No P.O. Box # 4100 N. Powerline Road		3. Mailing Office Address 4100 N. Powerline Road	
Suite, Apt. #, etc. U-2		Suite, Apt. #, etc. U-2	
City & State Pompano Beach, Florida		City & State Pompano Beach, Florida	
Zip 33073	Country USA	Zip 33073	Country USA

7. Name and Address of Current Registered Agent			
Name Robert W. Cannon			
Street Address (P.O. Box Number is Not Acceptable) 4100 N. Powerline Road			
Suite, Apt. #, Etc. U-2			
City Pompano Beach	State FL	Zip Code 33073	

☒ 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



REGISTERED AGENT MUST SIGN

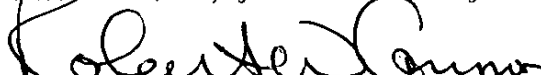
Date 11/20/07

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
DPT	Robert W. Cannon	4100 N. Powerline Road #U-2	Pompano Beach, FL 33073
S	Janna Cannon	4100 N. Powerline Road #U-2	Pompano Beach, FL 33073

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

11/20/07 954 971-4311

Date

Daytime Phone #

Robert W. Cannon, President

11/29/07