

571130

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

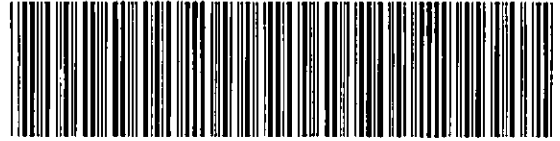
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

2024 MAY - 9 PM 2:50

FILED

Rec. May 9, 2024

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J71130

1. Corporation Name
CANNON CONSTRUCTION, INC.

2. Principal Office Address - No P.O. Box #
6710 Professional Parkway

Suite, Apt. #, etc.
Suite 100

City & State
Sarasota, FL

Zip
34240

Country
US

3. Mailing Office Address
6710 Professional Parkway

Suite, Apt. #, etc.
Suite 100

City & State
Sarasota, FL

Zip
34240

Country
US

4. Date Incorporated or Qualified
To Do Business in Florida 05/04/1987

5. FEI Number
59-2806920

Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$3.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert E. Messick, Esq.

Street Address (P.O. Box Number is Not Acceptable)
c/o Icard Merrill, 2033 Main Street

Suite, Apt. #, Etc.
Suite 600

City
Sarasota

State
FL

Zip Code
34237

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 5/3/24

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	John K. Cannon	6710 Professional Parkway, Suite 100	Sarasota, FL 34240
VP	Phillipa Cannon	6710 Professional Parkway, Suite 100	Sarasota, FL 34240

10. E-mail Address: rmessick@icardmerrill.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #