

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 DEC -5 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K75860

1. Corporation Name

CANE ENTERPRISE VENDING, INC.

Principal Place of Business

Mailing Address

MARION G. CANE
2032 DEER RUN TRAIL
JACKSONVILLE FL 32216

MARION G. CANE
~~2032 DEER RUN TRAIL~~
~~JACKSONVILLE FL 32216~~

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/1989

5. FEI Number

59-2939213

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)

100003506551--4

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City, State, Zip
1	2	3	4
D	CANE, MARION G.	2032 DEER RUN TRAIL	JACKSONVILLE FL
STD	CANE, SUSAN	335 SAILFISH DR E	ATLANTIC BCH FL
PD	CANE, JOHN G	335 SAILFISH DR. E.	ATLANTIC BEACH FL

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CANE, MARION G.
2032 DEER RUN TRAIL
JACKSONVILLE FL 32216

Name

SUSAN CANE

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

335 SAILFISH DR.

Suite, Apt. #, Etc.

City

ATLANTIC BEACH

State

FL

Zip Code

32233

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

11/30/00

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/30/00 (904) 249-8107
Daytime Phone #