

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jill Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000007073

Name and Mailing Address

0009402 01 FP 0,352 \*\*PRST H2 0 0615 32304-251226



CANNON ENTERPRISES LLC  
2626 WEST TENNESSEE ST.  
TALLAHASSEE FL 32304-2512

2003 MAY -1 PM 2:54

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



2. New Mailing Address

City, State, Zip

Principal Place of Business

2626 WEST TENNESSEE ST.  
TALLAHASSEE FL 32304

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

05/04/2001

6. FEI Number

59-3732 456

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

8. Name and Address of Current Registered Agent

INGRAM, SPENCER  
118 SALEM ST.  
TALLAHASSEE FL 32301-2810

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

400016230534

04/17/03--01099--011 \*\*200.00

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEMR	Will Cannon	2626 WEST TENNESSEE ST.	Tallahassee, FL. 82304

REINSTATEMENT 2002-03

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of  
Managing Member/Manager

Date

4-14-03

Daytime Phone # (850) 251-1698

Typed or printed name of signing Managing Member/Manager

Will Cannon