PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2004 OCT 15 P 1:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000020276

1. Limited Liability Company's Name
CANNAN ENTERPRISES, LLC

2. Principal Office Address	3. Mailing Office Address
3580 16th Ave. SE	3580 16th Ave. SE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAPLES, FLORIDA	City & State: NAPLES, FLORIDA
Zip: 34117 Country: US	Zip: 34117 Country: US

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 08/08/2002
6. FEI Number: 22-3872941 ☐ 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

Name: JAMES R. NICI c/o COX + NICI
Street Address (P.O. Box Number is Not Acceptable): 1185 Immokalee Road
Suite, Apt. #, Etc.: #110
City: Naples State: FL Zip Code: 34110

9. 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: _____ Date: 10/6/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	FREDRICK A. CANNAN	3580 16th Ave. SE	Naples, FL 34117
		700041232717 10/29/04--01091--009 **200.00	
		REINSTATEMENT 03-04	

11. 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: 10/01/04 Daytime Phone #: 239-253-5967

Typed or printed name of signing Managing Member/Manager: Fredrick A. Cannan

CR2E041 (10/02)