

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 23 AM 8:45
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L59683

1. Corporation Name

Cannorozzi Enterprises, Inc

REINSTATEMENT 97-07

CR2E081 (1/07)

2. Principal Office Address - No P.O. Box #

4025 Ravenswood Rd

3. Mailing Office Address

4025 Ravenswood Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, Fla.

City & State

Fort Lauderdale, Fla

Zip
33312

Country
USA

Zip
33312

Country
USA

4. Date Incorporated or Qualified To Do Business in Florida

March 20, 1990

5. FEI Number

65-0180667

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name
Robert Cannorozzi

Street Address (P.O. Box Number is Not Acceptable)
7648 Harbour Blvd.

Suite, Apt. #, Etc.

City
Miramar

State
FL

Zip Code
33023

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

Robert Cannorozzi
REGISTERED AGENT MUST SIGN

Date **March, 22, 2007**

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
President	Robert Cannorozzi	7648 Harbour Blvd.	Miramar, Fl., 33023
			300095794779 04/04/07--01027--005 **2258.75
	<i>09/3/29</i>		

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

Robert Cannorozzi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 2007

Date

954-761-8188

Daytime Phone #