

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 27 AM 11:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

M 22866

1. Corporation Name

CANUS, INC.

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

6917 SW 115 PL

3. Mailing Office Address

6910

Suite, Apt. #, etc.

H

Suite, Apt. #, etc.

City & State

MIAMI, FL

City & State

Zip

33173

Country

USA

Zip

Country

7. Name and Address of Current Registered Agent

Name

OSKAR RUIZ

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

6917 SW 115 PL

Suite, Apt. #, Etc.

H

City

MIAMI

State

FL

Zip Code

33173

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

3-19-9

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	OSKAR RUIZ	6917 SW 115 PL - H MIAMI FL 33173	MIAMI, FL 33173
VTD	BLANCA I. RUIZ	6917 SW 115 PL - H	MIAMI, FL 33173
		07/3/30	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSKAR RUIZ

Date

3-19-9

Daytime Phone #

786.547-4369