

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

02 SEP 25 PM 12:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #**

1. Corporation Name

N93 000005460

THE CANOVA CHARITABLE FOUNDATION, INC.

600008048436--7

-09/26/02--01035--009

\*\*\*\*297.50 \*\*\*\*297.50

**REINSTATEMENT** 01-02

2. Principal Office Address

P.O. Box 3968

3. Mailing Office Address

P.O. Box 3968

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Bellview, FL

City & State

Bellview, FL

Zip

34421

Country

USA

Zip

34421

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida  
12-06-1993

5. FEI Number

59-3232728

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

Billy P. Canova

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

14775 SE 25th Avenue

Suite, Apt. #, Etc.

City

Summerfield

State  
FL

Zip Code  
34491

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

*Billy P. Canova*

REGISTERED AGENT MUST SIGN

Date

9-1-02

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
PD	William R. Watson	9330 C.R. 325	Hampton, FL 32044
VD	Ernest R. Peacock	Rt. 3 Box 724	Lake Butler, FL 32054
TSD	Billy P. Canova	14775 SE 25th Avenue	Summerfield, FL 34491

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 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:

*William R. Watson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/19/02

Date

352 468 1859

Daytime Phone #

CR2E081 (9/01)

9/19/02