

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE -
DIVISION OF CORPORATIONS

04 SEP 29 AM 8:00

DOCUMENT # P00000051712

1. Corporation Name

CANTERBURY 2000 MANAGEMENT, INC.

Principal Place of Business

2800 WESTON RD
204
WESTON FL 33331

Mailing Address

P.O. BOX 268270
WESTON FL 33326

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

05/25/2000

5. FEI Number

20-1661122

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	D'PAOLA, HUMBERTO M.	P.O. BOX 268270.	WESTON FL 33326
D	RAFAEL AYALA	2225 CORONA BEND WESTON FL 33327	WESTON, FL, 33327

8. Name and Address of Current Registered Agent

~~LEGAL INFORMATION SERVICES, INC.~~
~~1290 WESTON ROAD SUITE 300~~
~~WESTON FL 33326~~

9. Name and Address of New Registered Agent

Name

LEGAL INFORMATION SERVICES INC

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

2500 WESTON RD STE 404

Suite, Apt. #, Etc.

City

WESTON

State

FL

Zip Code

33331

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

9/2/04

11. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAFAEL AYALA

Date

09-08-2004

Daytime Phone #

(754)2449778

CR3E040 (7/03)