

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 APR 18 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000064018

1. Corporation Name

Canton Investment Holdings, Inc.

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

2626 DelMAR Place

Suite, Apt. #, etc.

3. Mailing Office Address

2626 DelMAR Place

Suite, Apt. #, etc.

City & State

ft. Land

Zip

FL

Country

USA

City & State

ft. Land

Zip

33301

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

6/21/2001

5. FEI Number

200691058

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

Active

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Louis Paolino

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

2626 DelMAR place

Suite, Apt. #, Etc.

City

ft. Land

State

FL

Zip Code

33301

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

Louis Paolino, JR

Date

4/14/14

REGISTERED AGENT MUST SIGN

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	Louis Paolino, JR	2626 DelMAR place	ft. Land, FL 33301
D	Louis Paolino, JR	2626 DelMAR place	ft. Land, FL 33301
			APR 18 2014
			M. WILLIAMS
			954-462-8377

10. E-mail Address:

denise@lp100.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Louis Paolino, JR

4/14/14

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #