

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR 31 AM 10:32

DOCUMENT # **PO2000067704**

1. Corporation Name

C-N-A Enterprises, INC

REINSTATEMENT 03-04

2. Principal Office Address

218-B Cypress St.

Suite, Apt. #, etc.

City & State

Ft. Walton Beach, FL

Zip

32548

Country

OKalooosa

3. Mailing Office Address

PO Box 1103

Suite, Apt. #, etc.

City & State

Mary Es Plan, FL

Zip

32569

Country

OKalooosa

**4. Date Incorporated or Qualified
To Do Business in Florida**

18 June 02

5. FEI Number

12 June 02

☒ 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

Lorraine Foster Nick Arnold

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

4 Forest Green St 218-B Cypress St

Suite, Apt. #, Etc.

Ft. Walton Beach, FL

City

Ft. Walton Beach

State

FL

Zip Code

32548

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

Nick Arnold

REGISTERED AGENT MUST SIGN

Date **31 March 04**

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
Pres	Nick Arnold	218-B Cypress St	Ft Walton Beach FL 32548
VP	Charles Hooks	218-B Cypress St	Ft Walton Beach FL 32548

100032646281
04/14/04--01004--010 **350.00

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:

Nick Arnold

Nick Arnold, Pres

Date

31 March 04

Daytime Phone #

850-244-1712

CR2E081 (9/01)