

2005 FOR PROFIT CORPORATION REINSTATEMENT

05 Ru 1/2

FILED

05 OCT 25 AM 8:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.



10122005 REIN-P CR2E098 (6/04)

4. FEI Number **02-0721231** Applied For
Not Applicable

5. Certificate of Status Desired **88.75** Additional Fee Required

6. Name and Address of Current Registered Agent

~~CANNON, RUTH A~~
~~17845 SW 174 STREET~~
~~MIAMI, FL 33187~~

7. Name and Address of New Registered Agent

Name **Nancy Suarez-Cannon**
Street Address (P.O. Box Number is Not Acceptable)
16 NORTH DRIVE
City **KEY Largo** FL **33037**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]
Signature of and printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

10/18/5
DATE

FILE NOW!!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SUAREZ-CANNON, NANCY**
STREET ADDRESS **P.O. BOX 372169**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **VP** ☐ Delete
NAME **CANNON, ROBERT M**
STREET ADDRESS **P.O. BOX 372169**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **7/7/05 90003 048 - \$150.00**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

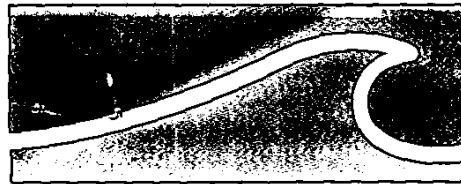
[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/18/5
Date

305/4530664
Daytime Phone #

Original A/R Rejected in error

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10/18/5

OCEAN REEF
COMMUNITY FOUNDATION

To Division of Corporation,

Our Corporation, R.M. Cannon
Construction Inc. FEI# 02-0721231,
has already mailed \$150.00 in
July of 2005. We just received
a Notice of Dissolution Document
P04000066363. A phone call
made to your office has verified
that our payment has been
received by your office.

Enclosed is a "05 Corporate Re-
instatement Form" ~~and a copy of the~~
~~for a copy of the Certificate of Status,~~
~~and a copy of the~~
~~for a copy of the~~.

Thank You, Nancy Suarez-Cannon
305/453-0664