

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -7 AM 11:35

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/08)

DOCUMENT # P05000015297

1. Corporation Name

Canal Investment Group, Inc.

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

6669 Franconia Drive

Suite, Apt #, etc.

City & State

Orlando, Florida

Zip

32812

Country

USA

3. Mailing Office Address

6669 Franconia Drive

Suite, Apt #, etc.

City & State

Orlando, Florida

Zip

32812

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

01/26/2005

5. FEI Number
202220882

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

Vance R. Dawson

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

6669 Franconia Drive

Suite, Apt #, Etc

City

Orlando

State

FL

Zip Code

32812

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

Date 6/30/2009

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	Vance R. Dawson	6669 Franconia Drive	Orlando, Florida 32812
VP	Pamela L. Dawson	6669 Franconia Drive	Orlando, Florida 32812

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REINSTATEMENT

07-09

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 contained in Chapter 119, 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:

Vance R. Dawson

6/30/09

(407) 517-3147

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #