PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT Secretary of State DIVISION OF CORPORATIONS DOCUMENT # P 05000104629 1. Corporation Name			14 DECOB AHII: 09 SECRETARE OF STATE TALLAHASSEE, FLORIDA		
Canner Investments, Inc. 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address			REINSTATEMENT		
11675W Grandview St. 11675W Grandview St.					
uite, Apt. #, etc.		CR2E081 (11/10) 4. Date Incorporated or Qualified			
City & State City & State	City & State		To Do Business in Florida 7/27/2005		
ake City, Florida Lake City, Florida O25 United States 32025 United States		5. FEI Number 5 9.38	FEI Number Applied For Not Applied For Not Applicable		
32025 United States 3202	25 United States	6. CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
7. Name and Address of Current Registered Agent					
Chad C. Conner			700267218487 12/08/1401025013 **350.00 700267218487 12/08/1401025012 **1000.00		
Street Address (P.O. Box Number is Not Acceptable) 1167 Sw Grandview St.					
Suite, Apt. #, Etc.					
Lake Kity, State 72000 FL 32025					
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		
REGISTERED AGENT MUST SIGN					
Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 Titles Name of Street Address of Each Street Address of Each					
Officers and/or Directors	Officer and/or Director		City / State / Zip		
····	Chad C. Conner 1167SW Grandu		ewst Lake City, F13202S		
S Michael S. Conner	Michael S. Conner 1147 SW Grandvi		ewst Lake City, F1 32025 ewst Lake City, F1 32025		
		:			
			ner 12	7013	
			C. CARROTHERS		
			DEC 1 2 2013) }	
⁰ E-mail Address:			G. CARTON	Book V	

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 phid. 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 this einformation indicated to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 11-16-14 (407)756-9429 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR COMME Daytime Phone #

(To be used for future annual report notification)

SIGNATURE: