

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000132500	
1. Entity Name CANYON VISTAS, INC.	



FILED

08 DEC 31 PM 4:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 10868 129 RD. LIVE OAK, FL 32060	Mailing Address 10868 129 RD. LIVE OAK, FL 32060
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2. Principal Place of Business - No P.O. Box # 111 East Howard Street Suite, Apt. #, etc.	3. Mailing Address 111 East Howard Street Suite, Apt. #, etc.
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City & State Live Oak, Florida Zip 32064 Country United States	City & State Live Oak, Florida Zip 32064 Country United States
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PREVATT, JAMES W. JR. 105 N. OHIO AVE. LIVE OAK, FL 32064	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After January 1, 2009, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAINWRIGHT, J. BRENT 10868 129 RD. LIVE OAK, FL 32060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300139414375 <input type="checkbox"/> Change <input type="checkbox"/> Addition 01/05/09--01012--003 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PREVATT, JAMES W. JR. 105 N. OHIO AVE. LIVE OAK, FL 32064 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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] 12/30/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #