

PLEASE READ

BEFORE COMPLETING THIS FORM

**CORPORATION
REINSTATEMENT**



STATE OF FLORIDA
DIVISION OF CORPORATIONS

FILED

08 NOV 17 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 793000071370

1. Corporation Name

E. Cannon Construction, Inc.

500138002729
11/17/08--01054--019 **377.50

REINSTATEMENT 07-08

CR2E081 (12/07)

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

17268 Ponce DeLeon Blvd.

Suite, Apt. #, etc.

3. Mailing Office Address

17268 Ponce DeLeon Blvd.

Suite, Apt. #, etc.

City & State

Brooksville, Florida

City & State

Brooksville, Florida

Zip

34614

Country

Hernando

Zip

34614

Country

Hernando

4. Date Incorporated or Qualified
To Do Business in Florida

10/14/1993

5. FEI Number

650459015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

SS 75 Addition Form
10-1-07 (12/07)

7. Name and Address of Current Registered Agent

Name

Eton E. Cannon

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

17268 Ponce DeLeon Blvd.

Suite, Apt. #, Etc.

City

Brooksville

State

FL

Zip Code

34614

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 Eton E. Cannon 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 **09/15/2008**

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
DP	Eton E. Cannon	17268 Ponce DeLeon Blvd.	Brooksville, Florida 34614

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

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/15/2008

Date

(352)279-4056

Daytime Phone #

cc 11/19