

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10.92

FILED

03 MAR 18 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000070632

1. Corporation Name

J.W. CANNADY SURVEYING, INC.

2. Principal Office Address

10403 Old St. Augustine

3. Mailing Office Address

10403 Old St. August

Suite, Apt. #, etc.

2

Suite, Apt. #, etc.

2

City & State

Jacksonville, Fl.

City & State

Jacksonville, Fl.

Zip

32257

Country

USA

Zip

32257

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

59-3411109

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

James W. Cannady

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

11707 St. Josephs Rd.

Suite, Apt. #, Etc.

City

Jacksonville

State

FL

Zip Code

32223

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

James W. Cannady
REGISTERED AGENT MUST SIGN

Date 3/10/03

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
VP	Robin P. Cannady	11707 St. Josephs Rd.	Jacksonville, Fl. 32223

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 under section 119.07(3)(i), 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:

James W. Cannady
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03
Date

904-880-2114
Daytime Phone #

CR2E081 (10/02)

2052

Boundary, Topo, Trees, Asbuilts, Construction Layout, Subdivi-

J.W. CANNADY SURVEYING, INC.

10403 OLD ST AUGUSTINE RD.
SUITE 2
JACKSONVILLE, FLA 32256

Phone: 904-880-2114
Fax: 904-880-2117
Email: JWCSI@bellsouth.net

To: Florida Department of State
Corporation Reinstatement
Tallahassee, Florida 32314

Date: 3-10-03

If you could please reinstate our Corporation, due to the fact that we mailed a payment in on April 1, 2002, Check # 3891 and it was never received. We have checked with the bank and the check never cleared. We did not receive a second notice. I am not sure what happened. I am Sending you a cashiers check in the amount of \$300.00 for last year and this year. Could you please waive the Reinstatement charges it would be much appreciated.

Thank You

Robin P. Cannady