

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

DIVISION OF CORPORATIONS

FILED
03 DEC 31 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 96000093375

1. Corporation Name

Canyon of Heroes, Inc.

2. Principal Office Address

701 N. Franklin St.

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Zip

33602

Country

Zip

Country

**4. Date Incorporated or Qualified
To Do Business in Florida**

11/12/96

5. FEI Number

59-3411559

Applied For

☒ **Not Applicable**

6. CERTIFICATE OF STATUS DESIRED ☒

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 02-03

7. Name and Address of Current Registered Agent

Name

Anthony F. Gonzalez

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

701 N. Franklin St.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33602

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**

Anthony F. Gonzalez
REGISTERED AGENT MUST SIGN

Date *12/18/03*

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
D	Anthony F. Gonzalez	701 N. Franklin St.	Tampa, FL 33602
D	Constantino Martino	701 N. Franklin St.	Tampa, FL 33602

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:

Anthony F. Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/18/03

Daytime Phone #

CR2E081 (9/01)

TL