

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

04 NOV 16 AM 10:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000105201

**1. Corporation Name**

Canbec Investment Corporation

201 Hollowbrook Circle

**2. Principal Office Address**

201 Hollowbrook Circle

**3. Mailing Office Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Daytona Beach, Florida

City & State

Zip

32114

Country

US

Zip

Country

US

**4. Date Incorporated or Qualified  
To Do Business in Florida** 12/17/1998

**5. FEI Number**  
59-3551252

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☒ **\$8.75 Additional Fee required  
for a Certificate of Status**

REINSTATEMENT 03-04

**7. Name and Address of Current Registered Agent**

Name

Ginette Goedike

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

1127 Flagstone Drive

Suite, Apt. #, Etc.

City

Daytona Beach

State  
**FL**

Zip Code  
32118

**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

*Ginette Goedike*

REGISTERED AGENT MUST SIGN

Date 11/15/2004

**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
	Ginette Goedike	1127 Flagstone Drive	Daytona Beach, FL 32118

700042962277  
11/23/04--01052--003 \*\*408.75

700042962277  
11/23/04--01052--003 \*\*500.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/15/2004

Date

(386)295-4250

Daytime Phone #