

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 MAR 18 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P99000027621**

**1. Corporation Name**

**Canonico, Inc.**

**2. Principal Office Address**

**3106 53rd Ave. E.**

Suite, Apt. #, etc.

City & State

**Bradenton, FL**

Zip  
**34206**

Country  
**U.S.**

**3. Mailing Office Address**

**2037 Country Meadows Ln.**

Suite, Apt. #, etc.

City & State

**Sarasota, FL**

Zip  
**34235**

Country  
**U.S.**

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

**3/25/99**

**5. FEI Number**

**65-0901452**

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

~~F. Thomas Hopkins~~ change to **Robert E. Messick, Esq.**

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

**ICard, Merrill**

Suite, Apt. #, Etc.

**2033 Main St. Ste 600**

City

**Sarasota**

State

**FL**

Zip Code

**34237**

**700013341207**

**03/18/03--01030--004 \*\*150.00**

**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

**Robert E. Messick**

REGISTERED AGENT MUST SIGN

Date **2/28/03**

**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
DVP	Canonico, Christopher	2037 Country Meadows Ln.	Sarasota, FL 34235
D.P.	Canonico, Danette H.	" "	" "

**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:

**Danette H. Canonico**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/28/03 941-366-8100**

Date

Daytime Phone #

**Danette H. Canonico, President**

**2/28/03**

CR2E081 (10/02)

WILD HAIRE & NAILS

Mailing Address:

2037 Country Meadows Lane

Sarasota, Florida 34235

Phone No. (941) 379-8182

Department of State

Division of Corporations

P.O. BOX 6327

Tallahassee, FL 32314

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Re: Canonico, Inc.  
P99000027621

Dear Sirs:

I am President of the above referenced corporation. I am enclosing an application for reinstatement which I downloaded off-line. The previous notice for annual report was not received by me or my business.

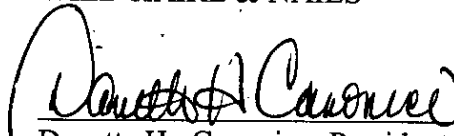
I called the Division of Corporations and was advised to write this letter and to send it in with my application and check for \$150.00 which I have enclosed. I have made all appropriate changes to our records within the appropriate spots.

I do not know why we did not receive the previous notice for payment but we did not receive it. I discovered it while searching corporate records on line.

Please call me if you should have any questions. Thank you for your attention and cooperation.

Very truly yours,

WILD HAIRE & NAILS

  
Danette H. Canonico, President