

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 APR -3 PM 4:00



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

01-02UBR

**CORPORATION
 REINSTATEMENT**

DOCUMENT # P99000059920

1. Corporation Name

CANYON LAKE INVESTMENTS, INC.

000005293870--1
 -04/18/02--01076--003
 ***300.00 ***300.00

2. Principal Office Address 7977 Canyon Lake Cr. Suite, Apt. #, etc.		3. Mailing Office Address 125 E. Jefferson St. Suite, Apt. #, etc.	
City & State Orlando, FL 32835		City & State Orlando, FL	
Zip 32835	Country USA	Zip 32801	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 07/02/1999	
5. FEI Number 59-3585371	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name Eugene W. Dupont, IV	
Street Address (P.O. Box Number is Not Acceptable) 7977 Canyon Lake Circle	
Suite, Apt. #, Etc.	
City Orlando	State Zip Code FL 32835

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

Eugene W. Dupont, IV
 REGISTERED AGENT MUST SIGN

Date *March 27 2002*

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	Eugene W. Dupont, IV	7977 Canyon Lake Circle	Orlando, FL 32835

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:

Eugene W. Dupont, IV
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eugene W. Dupont, IV

(407) 290-9969

Date *3/27/02*

Daytime Phone #

CR2E081 (9/01)

AD