

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

02 JUN 19 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # S25668

1. Corporation Name

ROBERT R. CANFIELD & ASSOCIATES, INC.

2. Principal Office Address

800 S. OSPREY AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

3. Mailing Office Address

800 S. OSPREY AVENUE

Suite, Apt. #, etc.

City & State

SARASOTA, FLORIDA

Zip

34236

Country

USA

REINSTATEMENT

1999-2002

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

01/17/91

5. FEI Number

65-0238447

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

ROBERT R. CANFIELD

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

800 S. OSPREY AVENUE

Suite, Apt. #, Etc.

City

SARASOTA, FL

State
FL

Zip Code
34236

500006062565-9

-06/27/02--01035-010

***1200.00 ***1200.00

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 R. Canfield
REGISTERED AGENT MUST SIGN

Date 6-18-2002

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 |
|--------|--------------------------------------|---|--------------------|
| P/D | Robert R. Canfield | 800 S. Osprey Avenue | Sarasota, FL 34236 |
| | | | |
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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

Robert R. Canfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06/18/02

(941) 366-3600

Date

Daytime Phone #

CR2E081 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 629766 7340952

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : June 19, 2002

ORDER TIME : 11:40 AM

ORDER NO. : 629766-005

CUSTOMER NO: 7340952

CUSTOMER: Mr. Robert R. Canfield
Robert R. Canfield
800 S. Osprey Avenue

Sarasota, FL 34236

File 1st

DOMESTIC FILINGS

NAME: ROBERT R. CANFIELD &
ASSOCIATES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS _____

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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