

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S56551

1. Corporation Name

CANTON, INC.

2. Principal Office Address

8565 Coral Way #103

Suite, Apt. #, etc.

Suite #103

City & State

MIAMI, FL.

Zip

33155

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

65-0269101

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JUN -8 AM 8:00

REINSTATEMENT

03-04
MRD

000037758550
06/08/04--01019--003 **300.00

7. Name and Address of Current Registered Agent

Name

LUIS CHI

10531 S.W. 21st Lane

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

10531 S.W. 21st Lane

Suite, Apt. #, Etc.

City

MIAMI, FL.

State

FL

Zip Code

33165

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

REGISTERED AGENT MUST SIGN

Date May 28, 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
P/D	ANGEL CHI	9601 S.W. 66th St.	Miami, Fl. 33173
VP/S/D	LUIS CHI	10531 S.W. 21st Lane	Miami, Fl. 33155
T/D	MIGUEL CHI	8851 S.W. 34th St.	Miami, Fl. 33165
Ass/S	PUIG CHING CHAN	9601 S.W. 66th St.	Miami, Fl. 33173

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

May 28, 2004

Date

Daytime Phone #

CR2E081 (07/04)