

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F03000002521

1. Corporation Name

Cannon Sline Industrial, Inc.

2. Principal Office Address

5233 Hohman Avenue

Suite, Apt. #, etc.

City & State

Hammond, IN

Zip

46320

Country

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

5. FEI Number

20-0006176

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

FILED
06 FEB -9 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 05-06

T. ROTOR FEB 13 2006
COR 2E081 (12/05)

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

400066135134

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

1201 Hays Street

02/17/06 01057-014 **308.5

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Deborah D. Skipper

Deborah D. Skipper
Asst. V. Pres.

Date 2/18/06

REGISTERED AGENT MUST SIGN

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	Tony Bochniak	5233 Hohman Ave.	Hammond, IN 46320
S/T	Angela Novoa	5233 Hohman Ave.	Hammond, IN 46320

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 contained in Chapter 119, 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

Tony Bochniak

Tony Bochniak

2/3/06

Date

219-937-8100

Daytime Phone #