

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

04 OCT 27 PM 2:52

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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APPROVED AND FILED

REINSTATEMENT 01-04
500042243305
10/27/04-04034-004 **600.00

JW

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # K20274			
1. Corporation Name <u>CANARY PERFORMING COMPANY</u>			
2300 CORAL WAY 2300 CORAL WAY		2300 CORAL WAY	
2. Principal Office Address		3. Mailing Office Address	
2300 CORAL WAY		2300 CORAL WAY	
Suite, Apt. #, etc. Suite 201		Suite, Apt. #, etc. Suite 201	
City & State Miami, FL		City & State Miami, FL	
Zip 33145	Country USA	Zip 33145	Country USA
4. Date Incorporated or Qualified To Do Business in Florida 04/01/88		5. FEI Number 59-1154122	
		Applied For Not Applicable	
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>		\$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name FLORIDA ANNUAL REPORT SERVICES, INC.		
Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY		
Suite, Apt. #, Etc. SUITE 200		
City MIAMI	State FL	Zip Code 33145

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 _____ Date _____

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 D	BRAULIO A. GARCIA	2300 CORAL WAY SUITE 201	MIAMI, FL 33145

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: Braulio A. Garcia 10/21/04 (305) 854-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E001 (01/04)

PS 282

**Canary Performing Company
2300 Coral Way
Miami, FL 33145**

October 25, 2004

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, Florida 32314
Attention: Sean Toner

Re: Canary Performing Company

Dear Mr. Toner:

Please accept this letter as confirmation that the notification of renewal for the above mentioned corporation was never received in 2001. I am attaching a check in the amount of \$600.00 as payment for reinstatement.

Please contact me at (305) 854-1040 if you have any questions.

Thank you for your consideration.

Sincerely,



Vivian Williams
Assistant