

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K20274**

**1. Corporation Name**

CANARY PERFORMING COMPANY

2300 CORAL WAY  
2300 CORAL WAY

**2. Principal Office Address**  
2300 CORAL WAY

**3. Mailing Office Address**  
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** ☒ \$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

REGISTERED AGENT MUST SIGN

Date

**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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/21/04

Date

(305) 854-1040

Daytime Phone #

APPROVED  
FILED  
04 OCT 27 PM 2:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT

500042243305  
10/27/04--04034--004 \*\*600.00

01-04

JW

CR2E061 (01/04)

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**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