


# 2005 FOR PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # P97000102076</b> 1. Entity Name <b>THE CANZERI COMPANY, INC.</b>	
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FILED  
05 DEC -8 PM 12:44

Principal Place of Business <del>604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149 US</del>	Mailing Address <del>604 CRANDON BLVD #205 KEY BISCAYNE, FL 33149 US</del>
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2. Principal Place of Business c/o 1441 Brickell Ave Suite, Apt. #, etc. Suite 1400	3. Mailing Address c/o 1441 Brickell Ave Suite, Apt. #, etc. Suite 1400
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11092005 REIN-P CR2E098 (6/04)

City & State Miami, FL	City & State Miami, FL
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4. FEI Number 52-1260007	Applied For Not Applicable
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Zip 33131	Country	Zip 33131	Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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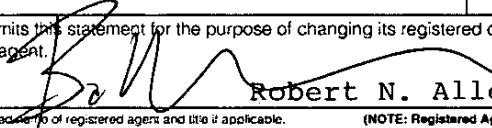
6. Name and Address of Current Registered Agent

**AUCHTER, PAUL R**  
 604 CRANDON BLVD  
 #205  
 KEY BISCAYNE, FL 33149

7. Name and Address of New Registered Agent

Name: **Robert Allen Law**  
 Street Address (P.O. Box Number is Not Acceptable):  
**1441 Brickell Avenue**  
**Suite 1400**  
 City: **Miami** FL Zip Code: **33131**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  **Robert N. Allen, Jr., President** DATE: **11/09/05**

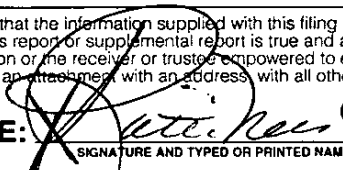
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$750.00**  
**After January 1, 2006, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS	
TITLE: PD NAME: CANZERI, PATRICIA N STREET ADDRESS: 604 CRANDON BLVD #205 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete
TITLE: VPD NAME: CANZERI, JOSEPH W STREET ADDRESS: 604 CRANDON BLVD- #205 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete
TITLE: STD NAME: AUCHTER, PAUL R STREET ADDRESS: 1111 CRANDON BLVD, #C-702 CITY-ST-ZIP: KEY BISCAYNE, FL 33149	<input checked="" type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PSD NAME: Canzeri, Patricia STREET ADDRESS: 650 James Street CITY-ST-ZIP: Syracuse, NY 13203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Patricia Canzeri** 11/09/05 305-372-3300

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

STATEMENT OF  
B 12/9/05