


# 2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 DEC -6 AM 8:34

<b>DOCUMENT # P99000097036</b> 1. Entity Name <b>ADMIRAL CANVAS, INC.</b>	
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Principal Place of Business <b>846 N. DIXIE HWY LANTANA, FL 33462</b>	Mailing Address <b>2700 PGA BLVD., #201 PALM BEACH GARDENS, FL 33410</b>
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2. Principal Place of Business <b>2001 SW 20th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>12720 Woodmill Dr.</b> Suite, Apt. #, etc.
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11172004 REIN-P CR2E098 (6/04)

City & State <b> Ft. Lauderdale, FL</b>	City & State <b> Palm Bch. Gardens, FL</b>
Zip <b>33315</b>	Zip <b>33418</b>
Country <b> Broward</b>	Country <b> Palm Bch.</b>

4. FEI Number <b>65-0241703</b>	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent  <b>LIGHTMAN, HAROLD M 2700 PGA BLVD., STE 201 PALM BEACH GARDENS, FL 33418</b>	7. Name and Address of New Registered Agent Name <b>Rhonda Baker</b> Street Address (P.O. Box Number is Not Acceptable) <b>12720 Woodmill Drive</b>  City <b>Palm Bch. Gardens</b> <b>FL</b> Zip Code <b>33418</b>
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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 Rhonda Baker **Rhonda Baker, Accountant** **11/16/04**  
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, 2005, Fee will be \$900.00**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS <input type="checkbox"/> Delete <b>COOPER, WARREN</b> <b>7 HATHAWAY LANE</b> <b>WILTON MANORS, FL 33305</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Address</b> <b>1478 SW 18th Terrace</b> <b>Ft. Lauderdale, FL 33312</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700043218847</b> <b>12/06/04--01065--005 **750.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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: [Signature] **PRESIDENT - 11/16/04**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

12720