PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

15 JUN -9 AM 3:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 430112

1. Corporation Name

THE CANARIANS CORP

REINSTATEMENT 2013-2015

CR2E091 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
230 W 55TH STREET	230 W 55TH STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
APT. 25D	APT. 25D
City & State	City & State
NEW YORK, NY	NEW YORK, NY
Zip: 10019 Country: USA	Zip: 10019 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida
JULY 8, 1973

5. FEI Number
13-2755998
☐ 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
UNITED CORPORATE SERVICES, INC.

Street Address (P.O. Box Number is Not Acceptable)
9200 SOUTH DADELAND BLVD

Suite, Apt. #, Etc.
SUITE 508

City: MIAMI State: FL Zip Code: 33156

JUN 11 2014

L. SELLERS

500273827095
06/09/15--01029--009 **1058.75

8. I being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent _____ Date 6/2/15

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
S	BENDAHAN, SALLY	230 W 55TH STREET, APT. 25D	NEW YORK, NY 10019
VD	BENDAHAN, ALBERT	C/ LIBORIO GARCIA #3	MALAGA, SPAIN 29005
VD	BENDAHAN, JOSEPH I	AVENIDA ALCALDE RAMIREZ, BETANCOURT 22	LAS PALMES DE GRAN, CANARIA, SPAIN 35002
T	BENDAHAN, ELIAS I	RAFAEL GINEL #12	MELILLA, SPAIN 52004
T	BENDAHAN, MESSOD I	10, OXFORD & CAMBRIDGE MANSIONS, OLD MARYLEBONE RD	LONDON, ENGLAND NW1-5EA

10. E-mail Address: ggillen@shanholt.com
(To be used for future annual report notification)

11. 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 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., and that all fees owed by the corporation have been paid. I further certify the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: _____ June 3, 2015

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