

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F00000000545

1. Corporation Name

LA CANADA HOLDINGS COMPANY

FILED
 01 NOV -6 PM 12:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

Principal Place of Business

Mailing Address

180 GRAND AVE., #1365
 OAKLAND CA 94612

180 GRAND AVE., #1365
 OAKLAND CA 94612

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified To Do Business in Florida

01/31/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

68-0362285

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PCD	WENTZEL, DAN	2185 N. CALIFORNIA BLVD, #575	WALNUT CREEK CA 94596
V	ARNOLD, LINDA	180 GRAND AVE., #1365	OAKLAND CA 94612
S	BROWN, JEFFREY	2185 N. CALIFORNIA BLVD., #575	WALNUT CREEK CA 94596
TD	WRIGHT, JEFFREY	2185 N. CALIFORNIA BLVD., #575	WALNUT CREEK CA 94596
D	REED, LINDA	7301 N.W. 107TH AVENUE, 4TH FLOOR	MIAMI FL 33172

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State	Zip Code
	FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

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****758.75 ****758.75

Signature of Registered Agent

[Signature]
SIGNATURE REQUIRED
 REGISTERED AGENT MUST SIGN

Date 11/3/2001

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 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 11/5/2001 800-736-2001
 Daytime Phone #

CR2E040 (8/01)