

L00000007375

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07 APR -6 PM 4:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200095981842

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
--	--	--

DOCUMENT # L 00000007375	BK
1. Limited Liability Company's Name <div style="font-size: 1.5em; font-family: cursive;">CANARY INVESTMENTS, L.L.C.</div> <div style="font-size: 2em; font-family: cursive; text-align: right;">02</div>	

2. Principal Office Address - No P.O. Box # <div style="font-size: 1.2em;">1643 BRICKELL AVE</div>	3. Mailing Office Address
Suite, Apt. #, etc. <div style="font-size: 1.2em;">1103</div>	Suite, Apt. #, etc.
City & State <div style="font-size: 1.2em;">MIAMI, FLORIDA</div>	City & State
Zip <div style="font-size: 1.2em;">33129</div>	Country <div style="font-size: 1.2em;">USA</div>

4. State/Country of Formation <div style="font-size: 1.2em;">FLORIDA</div>	
5. Date Organized or Qualified To Do Business in Florida <div style="font-size: 1.2em;">22 JUNE 2000</div>	
6. FEI Number <div style="font-size: 1.2em;">65-1152294</div>	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <div style="font-size: 1.2em; font-family: cursive;">JASSAN KOTOB</div>			
Street Address (P.O. Box Number is Not Acceptable) <div style="font-size: 1.2em;">1643 BRICKELL</div>			
Suite, Apt. #, Etc. <div style="font-size: 1.2em;">1103</div>			
City <div style="font-size: 1.2em;">MIAMI</div>	State <div style="font-size: 1.2em;">FL</div>	Zip Code <div style="font-size: 1.2em;">33129</div>	Country <div style="font-size: 1.2em;">FLORIDA</div>

<input checked="" type="checkbox"/> A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.
--

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.	
Signature of Registered Agent	Date 04.05.07
REGISTERED AGENT MUST SIGN	

10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MR.	JASSAN KOTOB	1643 BRICKELL AVE #1103	MIAMI, FLORIDA 33129

REINSTATEMENT 2002-2007

BK

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager	Date 04.05.07 Daytime Phone # 416.345-1900 <div style="font-size: 0.8em;">EXT. 800</div>
Typed or printed name of signing Managing Member/Manager	

CSC.

CORPORATION SERVICE COMPANY

L00000007375

ACCOUNT NO. : 072100000032

REFERENCE : 839770 7581691

AUTHORIZATION

COST LIMIT \$ 400.00

ORDER DATE : April 6, 2007

ORDER TIME : 10:01 AM

ORDER NO. : 839770-005 **BK**

CUSTOMER NO: 7581691

DOMESTIC FILINGS

NAME: CANARY INVESTMENTS, L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Cindy Harris - Ext# 2937

EXAMINER'S INITIALS _____

RECEIVED
07 APR -6 AM 10:44
DIVISION OF
TAXATION
FLORIDA